WI IL417L
V.2 NO.1 1990
C.D1--------SEQ: SR0063601
TI: ILLINOIS MEDICINE

ISMS gets MDs talking to teens on AIDS . . . 10

Illinois Medicine

January 5, 1990

ILLINOIS STATE MEDICAL SOCIETY

ISMS to celebrate 150th anniversary

On June 9, 1840, twelve physicians gathered in Springfield and agreed to "a concerted effort," rather than acting "solitary and alone" and began what is today the Illinois State Medical Society. Among them was John Todd, Mary Todd Lincoln's uncle, who became ISMS' first president.

In the coming year, ISMS will commemorate its sesquicentennial anniversary, including historical articles in *Illinois Medicine*. ▲

ILLINOIS STATE MEDICAL SOCIETY • FOUNDED 1840 •

1 5 0

Medicare discharge law in effect

AS OF JANUARY 1, physicians must give Medicare patients 24 hours' written notice of discharge, according to a new amendment to the Illinois Hospital Licensing Act.

The law, sponsored in the Illinois General Assembly by Rep. Peg McDonnell Breslin (D-Ottawa) and Sen. Penny Severns (D-Decatur), received lawmakers' approval during the spring 1989 session. It aims to ensure elderly patients will not be released from Illinois hospitals in undue haste. It stipulates that "whenever a patient who qualifies for the federal Medicare program is hospitalized, the patient shall be notified of discharge at least 24 hours prior to discharge from the hospital."

The new law also reiterates a current Medicare requirement that "At least 24 hours prior to discharge from the hospital, the patient shall receive written information on the patient's right to appeal the discharge pursuant to the federal Medicare program, including the steps to follow to appeal the discharge and the appropriate telephone number to call in case the patient intends to appeal the discharge."



H.B. 302 sponsor Rep. Peg Breslin

Significantly, the law, known as H.B. 302, gives individual hospitals the freedom to develop patient notification procedures, in contrast to a defeated 1988 measure, H.B. 3873 (also sponsored by Rep. Breslin), which did not give hospitals that choice and further mandated comprehensive discharge planning.

The new law provides that a hospital's discharge procedure "may also include a waiver for any case in which a discharge notice is not feasible due to a short length of stay . . . or for any case in which the patient voluntarily desires to leave the hospital before the expiration of the 24-hour period."

The Illinois State Medical Society (ISMS) opposed legislation mandating specific discharge procedures and planning, but did not oppose H.B. 302 after it was modified.

"This law," said ISMS president Eugene P. Johnson, M.D., "will give physicians and hospitals some much-needed flexibility. But we must be careful," he added, "to retain physicians' ability to make decisions that are best for patients; it is the individual physician and patient who are in the position to determine what is in the patient's best interest. I encourage medical staff members," said Dr. Johnson, "to take an active interest in their hospitals' implementation of the mandated procedures."

ISMS policy states, "A physician is under no obligation to discharge hospital patients prematurely and only a patient's physician is entitled to authorize discharge."

Legislation followed mandatory assignment outcome

H.B. 302 came into being after lobbying by the Illinois State Council of

(continued on page 14)

Public hearings: regional health care authority and community-based clinic system needed

by Kevin O'Brien

CALLS WERE MADE for a regional health authority to oversee a community-based system of public and private clinics, and a "downsized" Cook County Hospital that would include the use of now-shuttered community hospitals, during the first two public hearings of the Chicago and Cook County health care summit.

More than 60 representatives of community and social service organizations, politicians, and private citizens showed up Thursday, December 14 and Saturday, December 16 to tell members of the summit policy steering committee about problems encountered in obtaining adequate health care, and to offer ideas on restructuring the county's health care system.

Chicago Board of Health (CBH) President Whitney Addington, M.D. chaired both hearings, first at Truman College on Chicago's north side, and later at the west side Austin Town Hall. Governor Thompson, Mayor Richard M. Daley and Cook County Board President George Dunne announced the summit last August, and charged the group with developing a comprehensive plan for a coordinated system of health care in Cook County.



Wm. Daniels/The Photo Partners

Quentin Young, M.D., (left) and 46th Ward Ald. Helen Shiller were among those testifying at the first Chicago and Cook County health care summit public hearing.

Many testified of personal "horror" stories, recounting their repeatedly unsuccessful attempts to obtain adequate care from what they saw as an often uncaring and insensitive system. June Wilson, an amputee who testified at the Austin hearing, said she has been trying for months to obtain a new prosthesis, but has

(continued on page 14)

In this issue

Chicago Board of Health drops MD requirement 2
Rural physicians: making a go of it downstate 2
Case in point 6
The family that practices together 7
1989: the year in review 8
Great moments in Illinois medicine 11

NATIONAL LIBRARY
JAN 1 6 1990
OF MEDICINE

NATIONAL LIBRARY OF ME
TSD - SERIALS
8600 ROCKVILLE PIKE MD
BETHESDA

12I8 IM
********** 3 DIGIT

Drop MD rule, Chicago Board of Health says

by Kevin O'Brien

THE CHICAGO BOARD of Health (CBH) voted December 20 to recommend that the Chicago City Council change the ordinance requiring the city's health commissioner be a medical doctor. The board's action is seen as the first step in enabling Acting Health Commissioner Richard Krieg, Ph.D. to compete for the job.

CBH President Whitney Addington, M.D. now plans to ask the city's corporation counsel to draft a new ordinance requiring that the permanent commissioner be either a medical doctor or hold a doctorate in public health or its equivalent. Further, if a commissioner is not a medical doctor, the ordinance would provide that one or more deputy commissioners be medical doctors.

Five of the nine board members approved the measure in a voice vote.



Richard Krieg, Ph.D.



Wm Daniels/The Photo Partners

Whitney Addington, M.D.

Ashok R. Patel, M.D., said he opposes the change, but abstained from voting because the requirement will be added for deputy commissioners. Two board members were absent.

Dr. Patel said he sees the city expanding its role from its traditional disease control mode. "In the future, the city will participate in the full range of health care activities from prevention to tertiary care. As we move into that role, in conjunction with the city and state, it will be better to have an M.D. as health commissioner," he said. Dr. Addington said that Krieg is one of two national candidates for permanent commissioner who are not medical doctors. There are also at least three, and potentially four, physician candidates. Although the identities of the other candidates have not yet been revealed, support for Krieg's appointment is already emerging among some aldermen and officials in the Daley administration. At a city health committee meeting on December 14, committee chairman Ald. Sheneather Butler (27th) volunteered to introduce the new ordinance, saying "I think we have the best here, Dr. Krieg is the best."

Health committee member Ald. Juan Soliz (25th) said the MD requirement is "totally ludicrous and should be abolished." Dr. Addington said he shares Ald. Butler's enthusiasm for Krieg, who he said has been an effective acting commissioner; but Dr. Addington stated that the board is conducting a national search for a permanent commissioner, and that "Dr. Krieg will be evaluated in that context."

Chicago Medical Society (CMS) President Ulrich F. Danckers, M.D. told *Illinois Medicine* that CMS opposes the rule change because a physician head of governmental health agencies best serves the public. "There's always a temptation to find political solutions to medical problems," Dr. Danckers said, "and the drive that is now on to change the rules is a perfect example of that temptation." ▲

Part four in a series

Rural physicians find challenges and rewards

by Cheri Bentrup

ALTHOUGH SOME rural physicians describe their careers as frustrating, most find that the advantages far outweigh the drawbacks. At a time when economic problems trouble many of them, small communities are finding it harder to attract new physicians. But many physicians agree that the young medical school graduate who locates in a small community can be persuaded to stay.

"Every area has a hard time finding new doctors," says David A. Scholl, M.D., of Mendota Family Practice. "It's difficult to recruit. In the rural community, it's even more difficult. Dr. Scholl's partner, Stephen E. Schubert, M.D., retired in September after 29 years of practice in the Mendota community.

"I feel there's a nationwide deficiency of primary care," Dr. Schubert says. "Only 2,400 graduate from residency programs a year, and only half of those go into family practice." Mendota Community Hospital Administrator Gene Williams agrees that it is difficult to attract physicians to that middle-class farming community. "We're looking for doctors right now," he says, adding that most Mendota physicians retire rather than leave for a larger market. "Once they got in a small community and realized how nice it is I think they'd stay. We have a varied medical practice, good pay and no traffic."

Merle Muller, M.D., a family physician in Fairfield, a southern Illinois community of 6,000, is pleased with his decision three years ago to locate in a rural area. "I intend to be here for quite some time," says Dr. Muller. "My wife and family are satisfied." Dr. Muller and his wife came from Cambridge, a town of 2,200, and are at home living in a rural area.

One of the frustrations rural physicians share is being overworked because of the physician shortage. "I could put a new physician to work tomorrow and he'd be busier than he could've imagined," Dr. Muller says. "That's how many patients I turn away each day."

Another problem Dr. Muller shares with both rural and urban colleagues is the growth in numbers of patients receiving public aid. As area businesses close, that number continues to grow. Low reimbursement rates for physicians "make it hard for us to hang in there," Dr. Muller says.

Dr. William Hays, M.D. of Herrin was born and raised there and intends to stay. He came back nine years ago to begin his practice. "I enjoy my patients," he says. But, Dr. Hays adds, the amount of time needed for completing insurance, Medicare and other aid program forms leaves him little time to enjoy his profession. "I spend as much time filling out forms as I do seeing patients," he says.

The same problems plaguing doctors are closing hospitals. "[Southern Medical Center in] Cairo is closed," Dr. Hays notes. "A lot of hospitals down here are teetering on the brink. I think we will see a collapse of the system if it doesn't change in a few years. It wouldn't take a major catastrophe to knock them down." The local Herrin Hospital, a 120-bed facility, is operating slightly in the black, Dr. Hays adds.

Herrin Hospital competes with facilities in Missouri, Indiana and Kentucky, which may have greater potential for profit, and can offer more services.

No time, but some appreciation

Not having enough time for himself or his family is a major frustration of his practice, says Randy Oliver, M.D., of Metropolis. Dr. Oliver has practiced medicine in Metropolis for the past four and a half years. He says he intends to stay for some time.

"I think it's a more difficult type of practice than urban—it's more trying," he says. "But it has its rewards. The patients are a little more appreciative of what you do for them. It's easy to establish a strong relationship with them."

Getting adequate reimbursement from governmental agencies has also troubled Dr. Oliver. Three years ago, he decided not to accept any public aid recipients as new patients. "The bureaucratic hassles have increased dramatically in the past three years," he says. The Illinois Department of Public Aid's (IDPA) boosting reimbursement rates an average of 30 percent for physicians in the past year, he adds, was "welcome, and long overdue." But Dr. Oliver is continuing his policy of not accepting new public aid patients for the time being.

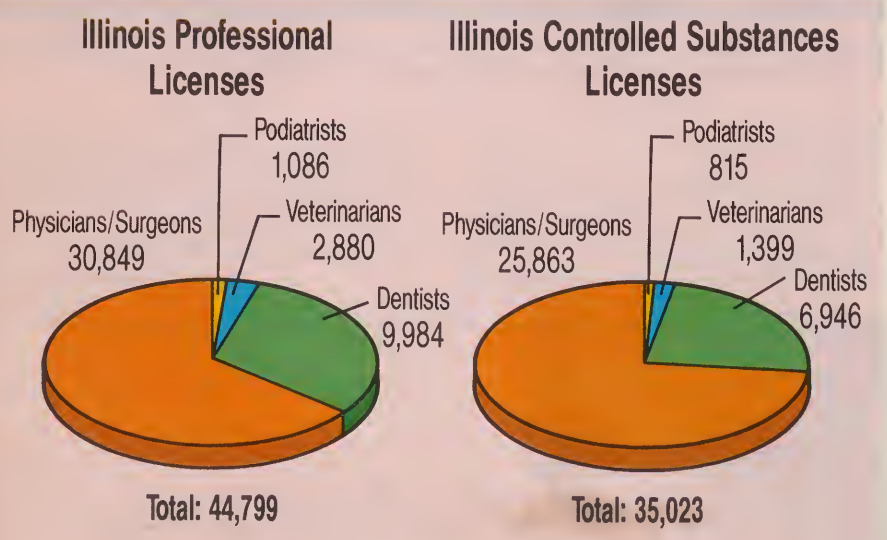
For Thomas J. Coy, D.O., one of the greatest pleasures of his Nashville practice is patient education. "Better patient education is the most important job I can do," he affirms, and says he instructs his patients to have yearly pap smears and mammograms. "That can be difficult in a rural area but it's badly needed."

"Delivering babies, watching children grow up and become citizens in the community is rewarding," he says. "When I take care of an ulcer patient, I don't just care for the ulcer, I take care of the whole person."

Dr. Coy believes rural communities have a lot to offer their physicians. Rural hospitals are no longer strangers to new medical technologies. "We have pretty much everything here that they would have in a larger city," Timothy Buckley, D.O., of Rock Falls says. "We occasionally have to ship out some neurosurgery cases, but that's about it.

"The access to care is pretty good here," he adds. "We have everything we need." ▲

Physician Facts



Source of Data: Illinois Department of Professional Regulation, Illinois Department of Alcoholism and Substance Abuse, 1989

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

Controversial AIDS advertising campaign scrapped

by Kevin O'Brien

A CONTROVERSIAL CHICAGO Department of Health (CDH) advertising campaign created to promote awareness of acquired immune deficiency syndrome (AIDS) will be reworked, Acting Health Commissioner Richard Krieg, Ph.D., told *Illinois Medicine*.

"We will probably use pieces of the old campaign," Krieg said, "but we will probably not use the 'I Will Not Get AIDS' slogan."

Krieg said a new 22-member committee, formed to advise CDH on creation of a new campaign, has already had its first meeting. "We held up a blank piece of poster board," he said, "and asked the committee 'How would you fill it in?'" Krieg added that representatives of AIDS Coalition to Unleash Power (ACT-UP), who had been among the most critical of the original campaign, were major participants in the committee's first meeting.

Committee member Marcia Lipetz, executive director of the AIDS Foundation of Chicago, said CDH officials apologized for not seeking more input on the original campaign. "They sort of admitted that they skipped a step in the process by seeking input on the need for a campaign and having focus groups, but not getting input during the creation of the campaign."

Lipetz said the DDB Needham Advertising representatives, creators of the original campaign, walked committee members through the process of creating media campaigns and explained the campaign's purpose is to convey general information about AIDS risk reduction to the general public. A brainstorming session on the campaign's desired message followed, and the committee agreed to meet again in early January. "I think it was a very positive meeting and it is going to help create a better campaign," Lipetz said.

Krieg acted after Mayor Richard M. Daley called members of the city's Commission on Gay and Lesbian Issues (COGLI) to a December 1 meeting at City Hall and told them the original campaign would be scrapped. Daley scheduled the meeting about two weeks after he walked out of a tense gay and lesbian community forum at Ann Sather's Restaurant on Chicago's north side.

A major component of an otherwise highly praised city AIDS strategic plan unveiled November 1 (see *Illinois Medicine,* December 8), the advertising campaign came under immediate attack from several segments of the gay and lesbian community as inaccurate and misleading.

The print ads, which all used the slogan "I Will Not Get AIDS," were targeted to specific groups, including black, white and Hispanic heterosexual men and women, and gay men. Each ad featured a photograph of a man or woman who could be identified as belonging to one of the target groups, and bore the legend "Protect Yourself. Nobody has to get AIDS anymore." In small print, they warned that proper precautions include using condoms, practicing safe sex, staying with one partner, getting help for a drug problem, and never sharing needles. A broadcast campaign was also prepared.

Criticism a surprise

Criticism of the ad campaign caught city officials completely off guard because development of the long-overdue AIDS strategic plan was the product of an AIDS Advisory Council comprised of more than 140 people representing a broad spectrum of community leaders and those fighting the epidemic. However, none of them were asked to review the ad campaign, which was created at a reported cost of $750,000, of which the city paid $75,000.

Judith Johns, executive director of the Howard Brown Memorial Clinic, said in November that the city's not seeking advisory council members' input on the ads caused many of them discomfort, because in her words, "Now we have to go back and be critical of the city when we hoped we could be praising it."

The controversy escalated during the community forum at Ann Sather's, when one of the speakers alleged that COGLI existed mainly to help Daley get reelected. When an audience member accused the mayor of being insensitive to the fact people were dying of the disease, Daley walked out of the meeting. A few days later, gay activists staged a sit-in outside Daley's fifth floor City Hall office. The demonstration ended in the arrest of a number of protesters. ▲



A poster from Chicago's AIDS ad campaign, which was quietly scrapped.

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

BLUE CROSS AND BLUE SHIELD OF ILLINOIS TO WORK IN REDUCING ABERRANT BILLING PRACTICE OF UNBUNDLING

Blue Cross and Blue Shield of Illinois (BCBSI) has recently noted a disturbing increase in an unfortunate practice on the part of some billing services and physicians who manipulate CPT procedure codes on claims submitted to BCBSI in order to generate excessive fees by means of a process known as "Unbundling."

"Unbundling" is the process in which a procedure or service is broken down or "unbundled" into its component parts so as to bill separately for each component as though each component were a separate and independent procedure or service rather than an integral part of a single procedure or service. CPT codes are then utilized which identify the component as being separate or independent. One example would be a claim submitted for a total abdominal hysterectomy with bilateral salpingo-oophorectomy (TAH with BSO) in which the claim would show separate listings, each with the CPT code that is supposed to be used for an independent procedure, for an exploratory laparotomy, lysis of adhesions, total abdominal hysterctomy, bilateral salpingo-oophorectomy, and occasionally other components, rather than submitting an appropriate claim with the single procedural listing of TAH with BSO, and the correct CPT code for this total procedure. By such "unbundling" of a procedure or service, the total fee claimed can often be 100% or more greater than the correct "Usual and Customary" fee for the procedure.

"Unbundling" has recently become a problem of significant magnitude. Courses are now being offered to physicians and their office personnel which blatantly teach how to unbundle. These practices defeat the efforts of the great majority of physicians who are committed to cooperating with employers, carriers and government to control costs while still providing high quality care. BCBSI is committed to pay Illinois physicians equitable usual and customary fees, to develop programs to control costs by eliminating wasteful, unnecessary and even potentially harmful medical services, and to thereby help preserve the present system of health care in the United States. BCBSI is strengthening its existing screens and controls by adding comprehensive updates to its system to identify "unbundling", and to ensure that claims are paid with the correct usual and customary fee. In instances of "unbundling", physicians and their office staffs will be contacted to inform them as to the correct use of CPT codes. BCBSI will continue to work closely with all physicians' organizations and billing services to bring an end to this improper billing practice. BCBSI is committed to paying appropriate fees, but "unbundling" will be assertively addressed until unsuitable practices are fully corrected. Physicians and billing services who persist in "unbundling" after having the opportunity to correct such practices will be identified as system abusers, and will be subject to a variety of sanctions including but not limited to:

- 100% manual claims review
- Deparcitipation from the Plan's Mutual Participation Program, PPO Plus, HMO, Second Opinion, and Consulting Physician panels
- Nonrecognition of billing services. (BCBSI periodically publishes the names of billing services which it has certified as capable of billing in accordance with BCBSI's Electronic Media Claims requirements.)

Your input and suggestions regarding this problem will be gratefully received; contact the BCBSI Medical Director, Arnold L. Widen, M.D., by calling (312) 938-7890, or by writing to him at: Blue Cross and Blue Shield of Illinois; Medical Department; 233 North Michigan Avenue; Chicago, Illinois 60601.

(This report is a service to the physicians of Illinois)
1/5/90

Editorials

Glancing back at 1989

The year 1989 was a big one for *Illinois Medicine*. After much preparation, we debuted last January, as the medical profession's first biweekly newspaper published by any state medical society.

We remain both unique, and uniquely committed to our special vision. We promised to "bring Illinois physicians balanced, accurate news and comment on health care issues and professional concerns." We also promised that our content would be "structured to challenge, motivate and assist physicians in communicating with patients, colleagues and the public." Based on response from you, our physician readers, we feel we've had a measure of success in those areas.

Of course, we continue to solicit your input. More challenges lie ahead, as we move into year number two. We are always looking for ways to improve and to be of service. That will still be as true twenty years from now as it is today.

New rules for discharging medicare patients

An amendment to the Illinois Hospital Licensing Act went into effect the first of the year, requiring written notification of release to all hospitalized Medicare patients, 24 hours before their discharge.

This new law will inevitably create some problems related to the 24-hour concept. That length of time can be quite arbitrary when applied to the real world of shifting patient conditions and the team approach to patient care and supervision. Fortunately, hospitals will have some room for maneuver, as they will be designing their own notification procedures, including waivers for short hospital stays.

Hospital-affiliated physicians should familiarize themselves completely with whatever procedures their institutions already have in place; they should talk with their colleagues and with hospital administrators, and should participate actively in the forming of new policies. This is an area in which coordination among hospital administrators, medical staffs and individual physicians is important. The best interests of patients, as well as patient-doctor good will, are involved. ▲

Illinois Medicine

VOLUME 2, NUMBER 1 **JANUARY 5, 1990**

Illinois Medicine **is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
Eugene P. Johnson, M.D., *President*
Harold L. Jensen, M.D., *Chairman of the Board*

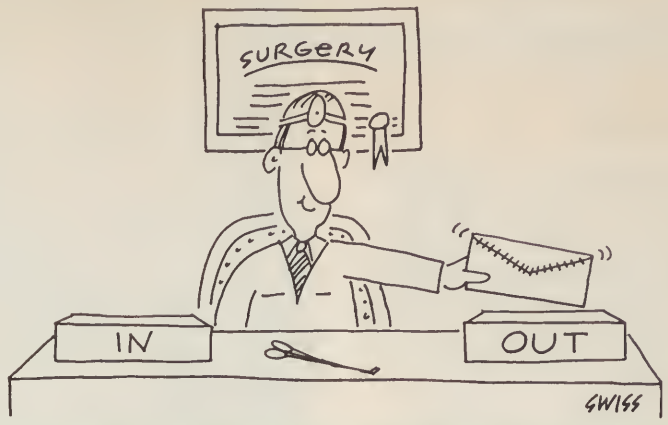
Illinois Medicine **Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

Illinois Medicine **Staff**
Suzanne W. Nelson, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



President's Column

Looking back —and forward



Eugene P. Johnson, M.D.

The Romans cherished a myth about their god Janus, who gave us the name January. Janus had the unique and prized ability to look backward and forward at the same time.

We at the Illinois State Medical Society (ISMS) are in a very Janus-like position this month, as we begin the celebration of our organization's sesquicentennial, and simultaneously peer ahead into the foggy mist of the next decade. With 150 years of experience serving the medical community and the public, we can look back on a strong, satisfying history of achievement and progress, while we look forward equally to vigorous activity on behalf of physicians and the profession in the next decade.

What do we see? The medical profession is faced with a unique set of opportunities and challenges today. On the one hand, we are treating and healing more patients from more widely diverse backgrounds and situations than ever before in history. Those patients are living longer, eating more healthfully, and informing themselves more specifically about health and medical issues than ever before. Yet the medical profession in general, and practicing physicians in particular, have been put under increasing pressure from politicians and bureaucrats, so-called consumer advocates, and even individual patients. What's going on here?

The unfortunate fact is that physicians are being blamed, in part by the public and some special-interest groups, for rising health-care costs which are a product of our health care delivery system and political culture. Researchers at the Institute for the Future believe that "The overarching policy issue in health care in the 1990s is cost containment. No national consensus exists," the researchers note, "on the preferred approach, and indeed, on whether to contain costs at all."

Issues like life-sustenance and geriatric care on the one hand, and reproductive technology and pre- and perinatal care on the other hand, will continue in the public spotlight, as medical technology allows us to continue expand the support of life in both directions. Meanwhile, our ability to physically maintain the lives of elderly patients will put social and financial pressure on the whole health care delivery system. Experts expect the growth of the elderly population (those over 65) to grow from 28.5 million in 1985 to 35 million in the year 2000.

The rural health care crisis will remain a major issue here in Illinois, as well as throughout the U.S., in the 1990s. Seven rural Illinois hospitals have closed in 1989 alone, and more are expected to do so in the next few years. While seven may not sound like a big number, the closing of a single hospital in a rural area like Greene County southwest of Springfield can have a major impact on health care delivery there.

At the same time, the medical profession will change. As current medical school graduates move into active practice, the number of physicians will rise. Competition for patients will grow at a time physicians' relationships with hospitals will shift in favor of greater hospital authority.

Through all this, physicians will be faced with the continuing onrush of new technologies, which will not only shape our practice options, but perhaps the very framework of our practices. Like everyone else, we physicians are living in a society which is advancing so rapidly that few can appreciate the speed and scope of its change, let alone handle it.

As we move into the next decade, the need for organized medicine to make its voice heard becomes an absolute requirement for survival. We as physicians and a society have an unprecedented wealth of opportunities and options for making societal and medical decisions, but also a greater number of disparate voices seeking to enter into those decisions. I am confident that, given a strong presence by physicians and organized medicine here in Illinois and in the nation as a whole, we can make those decisions wisely and for the benefit of all. ▲

E. P. Johnson M.D.

Eugene P. Johnson, M.D.
President

Letters to the Editor

A resource for health professionals

I would like to commend you on the article that appeared in the December 8 issue of *Illinois Medicine*, entitled "Health care professionals increase awareness of Hispanics' needs." You have recognized an issue of increasing importance to health care—cross-cultural delivery of services.

One important local resource is the Provider Education Project of the Hispanic Health Alliance (HHA), a project funded by the Chicago Community Trust.

Preliminary to the implementation of this project, the HHA conducted a research study to evaluate the knowledge, attitudes and practices of Chicago health care providers regarding their Hispanic patients. The monograph detailing the results of this study is available from HHA. On January 27, we will be holding a press conference to announce the results of this study, as well as of several other studies on Hispanic health in Chicago.

Rosemary George Aponte
Director, Provider Education Project
Hispanic Health Alliance

Where patients get their information

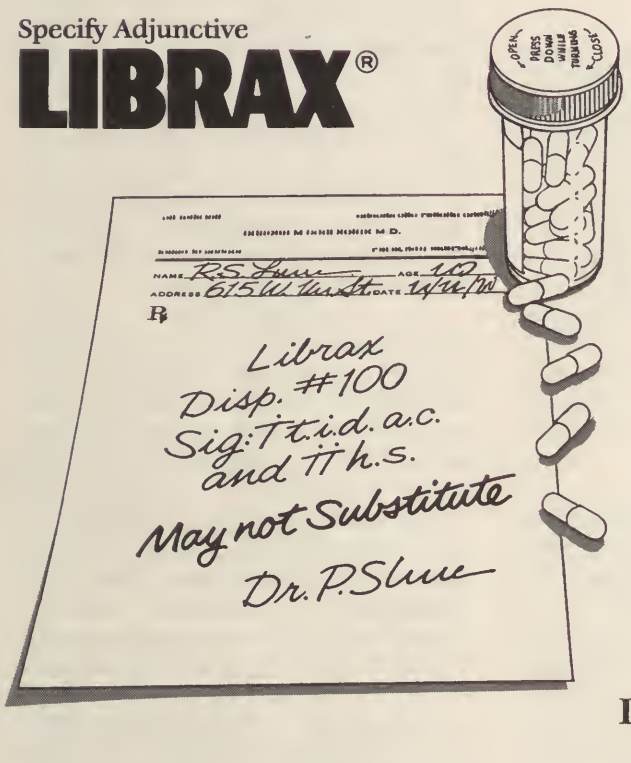
I applaud your October 27 editorial encouraging physicians to invest in communicating vital information to patients. But before classifying health information from magazines as "bad news," I urge your members to invest time in examining the quality of the advice involved.

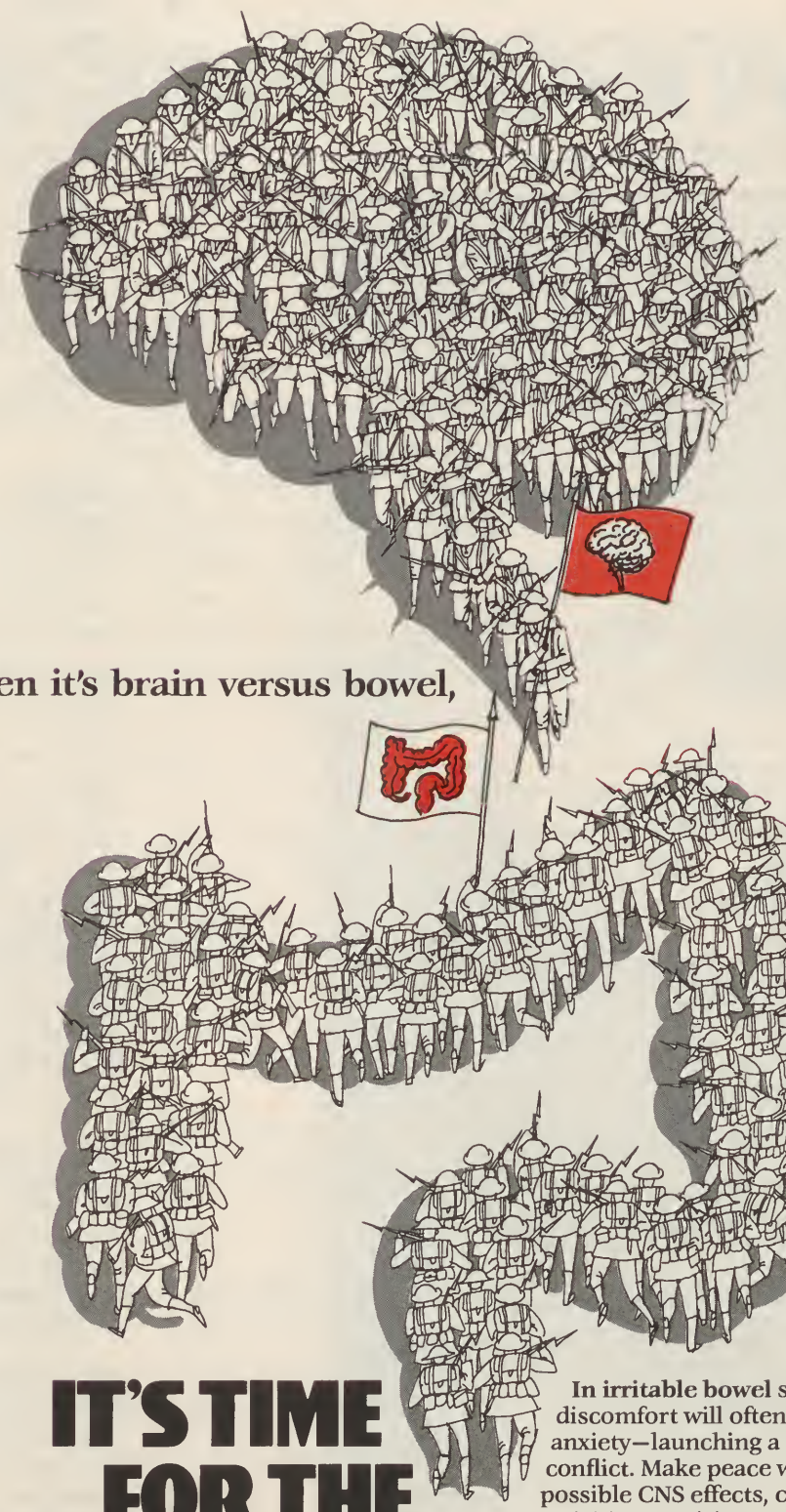
I have a business bias. I edit and publish a monthly publication for health professionals which summarizes nutrition and food-related health articles in more than 40 popular magazines. In my professional judgment most articles *in magazines* (I cannot comment on newspapers and television) are well-researched, and are written in an interesting style.

Perhaps the best approach is a compromise. Physicians can learn from editors how to make their counseling more relevant to the needs of their patients. Using magazine articles for handouts could save physicians' precious time and probably improve patient compliance with advice given. Incorporating advice written by magazine editors into patient counseling programs may be a new and initially uncomfortable idea for doctors, but would be in the best interests of the public.

Kristen McNutt, Ph.D., J.D.
Editor
Consumer Magazines Digest

Specify Adjunctive
LIBRAX®





IL

To insist on the brand, be sure to check the "May not Substitute" box on your prescription.

In IBS,* when it's brain versus bowel,

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).
Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**
As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.
Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

P.I. 0288

ROCHE® Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

IT'S TIME FOR THE PEACEMAKER.

In irritable bowel syndrome,* intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive
LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Copyright © 1989 by Roche Products Inc. All rights reserved.

Case in Point

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin
President, Medit Associates

If these were your patients, how would you have handled these cases?

Case #1

Presenting case and initial diagnosis—A 38-year-old government clerical employee went to a medical clinic for a physical checkup. A number of tests were done, including a mammogram. A year later she was diagnosed with advanced breast cancer and underwent surgery.

The case in brief—After routine examination and several tests, the woman was told by clinic personnel that she would be notified if tests revealed anything unusual. Time passed with no word from the clinic. She called twice to inquire about test results and was told on both occasions that she would be notified if any problems were seen. She never received a call-back and assumed she was in good health. A year later, she returned to the clinic with an obvious lump in her left breast. Biopsy revealed breast cancer with some metastasis to the lymph nodes. The woman underwent a radical mastectomy and chemotherapy.

The resulting claim—The patient sued the clinic and the physician who had examined her, alleging that test results of the previous year had indicated a lump in her breast, that the clinic failed to notify her of the findings and recommend appropriate follow-up, and that because of the delay, her cancer advanced to pose a serious threat to her life.

The outcome of the claim—The case went to trial. When the physician produced the patient's records, the abnormal mammogram findings of the previous year were found in her chart. It had been filed when received by a medical assistant. The physician had never seen the results and never inquired. After trial a jury awarded the plaintiff $800,000.

Case #2

Presenting case and initial diagnosis—A 42-year-old accountant presented at a large HMO clinic complaining of intermittent hemorrhagia. An obstetrician/gynecologist examined her and performed a Pap smear. The smear was reported as normal. She was seen by other physicians at the clinic for other problems over a two-year period. She then came in on an emergency basis for severe vaginal bleeding. Examination revealed a sizeable tumor of the cervix; biopsy indicated it was malignant.

The case in brief—At the time the woman was first seen with a complaint of heavy vaginal bleeding, the examining physician advised her to return if the problem continued, but did not schedule another appointment. The Pap smear results were said to be normal. Despite the fact that she returned on several occasions over a two-year period for various other medical problems and was seen by several other physicians in other departments, none followed up on her previous history of spontaneous vaginal bleeding or referred her back to the ob/gyn department for follow-up. When she came in on an emergency basis with severe bleeding, a tumor of the cervix was diagnosed and documented by biopsy. She underwent aggressive radiation therapy and extensive surgery.

The resulting claim—The patient sued the clinic, several physicians, and the cytotechnician for failure to diagnose and for delay in treatment, necessitating radiation therapy and surgery, and for reducing her prospects for survival.

The outcome of the claim—During trial it was revealed that the initial Pap smear showed extremely suspicious cells. It also was revealed that a technician, not a physician, had reviewed the slide. It also was shown that none of the physicians in the clinic had ever viewed the patient's entire chart. Each one merely dealt with the specific problem in the particular specialty area of treatment for which the woman had sought care on different occasions, keeping his/her own charts. The subsequent award was $950,000.

The points these cases make—Record systems failure and communication break downs led to two huge awards and jeopardized the lives of two women.

A common basis for litigation: the "missing test"—the one ordered that disappears along the way. Carelessness in tracking tests can cause dangerous delays in diagnosis or treatment. It is imperative that every office have a system for determining that each test ordered was (1) actually performed, (2) reported to the office; (3) seen by a physician; (4) reported to the patient; (5) acted upon; and (6) filed in the appropriate place," says the Illinois State Medical Inter-Insurance Exchange (ISMIE) guide, *Managing Your Risk in the Office and at the Hospital*.

In Case #1 an office employee filed the mammogram report before the physician had seen it. That office lacked an efficient system for tracking and acting on all lab and test results. Consultants say such a tracking system should include a step-by-step system that follows the ordering of a test, alerts the office when a result is delayed, assures that a physician sees and initials it, that the patient is notified of the results, and that follow up takes place.

Too often, ISMIE consultants say, medical offices file test results without physician review. The physician should look at and initial *all* findings, both positive and negative. If initials are required, reports are more likely to be followed up.

Consultants suggest establishing a patient recall file for all tests, procedures and consultations ordered by a physician. Otherwise, "a critically important result may be misdirected, or the patient may simply not follow through. In either case, a catastrophic result can be set in motion," the ISMIE guide warns.

Ideally, patients should be notified of all test results, positive as well as negative. The admonition to patients that "If you don't hear from us, everything is okay" can be an invitation to disaster, as it was in Case #1.

Suspense files should also be set up to track whether patients follow up with all tests, procedures and consultations recommended. "If tests are not carried out, that fact should be called to the doctor's attention and the patient should be reminded. Noncompliance and all call-backs or copies of letters should be recorded in the chart.

If a patient doesn't comply, a certified return-receipt-requested letter expressing appropriate concern for the patient's welfare and when indicated, warnings regarding the consequences, should be considered.

In Case #2 obvious communications break downs occurred among the various departments within the large clinic. A central records system into which all physicians seeing patients can enter information and at the same time have access to full histories would minimize the likelihood that compartmentalization of individual patient care will contribute to the oversight of a severe, developing medical problem. In this case the fact that a technician reviewed the Pap smear, reported it as normal, and a physician never actually reviewed the Pap smear also weighed heavily against the defendants. ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

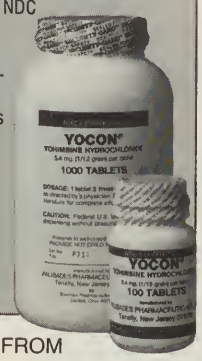
Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85

AVAILABLE EXCLUSIVELY FROM
PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

The Rapp family doctors and writers, and lawyers, and . . .

by Daniel B. Kennedy

ROY T. RAPP, M.D., of Quincy, is the patriarch of an unusual family. His sons include James A. Rapp, J.D.; Michael T. Rapp, M.D., J.D.; and Robert E. Rapp, J.D., who together authored *Illinois Medical Malpractice; A Guide for the Health Sciences* (Mosby, 1988). He is also the father of Mary, a C.P.A. who has her master's degree in accounting, and lawyer sons John and Steve. Mother Lucille keeps busy, too. She teaches at Quincy College.

It is not surprising, given the family's educational background, that Sunday dinner talk focuses on law and medicine, or that their spirited discussions result in innovative ideas on medical malpractice.

What is surprising is that they do more than just talk about it. They write about it, so well that three of their state-specific books on the law of medical malpractice, including *Illinois Medical Malpractice: A Guide for the Health Sciences,* are now in print.

Writing a book is a tremendous undertaking. Writing a series which may ultimately cover the tort law of medical malpractice in each of the fifty states is a colossal task. Why are they doing it?

Roy believes it is necessary. "The American health care system is in danger of being destroyed by malpractice litigation," he says, citing declining enrollment at many medical schools.

Cost of insurance has changed patient relationship

He also believes the ever-rising cost of professional liability insurance has changed the traditional physician-patient relationship, resulting in a less personal approach to the practice of medicine. "Young doctors sell off their licenses by going with large, business-oriented practice groups," he says. Such systems are addictive, because they generally cover the cost of liability premiums which, in some cases, have amounted to 75 percent of a physician's income. Citing a 1985 General Accounting Office (GAO) study, the Rapps note that the cost of insurance for a Chicago-based obstetrician was $42,184 at that time; for an orthopedic surgeon, it was $56,088.

"Take a young doctor who has a residual education debt of $50,000 to $250,000, a wife and children to support, and it makes it important for that doctor to find a way to avoid paying for his own insurance."

The Rapps, more than anything else, want the existing method of resolving complaints concerning health care delivery modified. They, like many of their legal and medical colleagues, feel that physicians should not allow the threat of malpractice to dictate the practice of medicine. To quote the Rapps, "So what is the treatment and, hopefully, the prophylaxis [for the disease of the medical malpractice crisis]?

"Doctors and other health care providers can start to deal with the disruptive medical malpractice crisis in four ways," they write. "(1) Repair and improve the doctor-patient relationship; (2) Practice defensively and observe the standards that courts have forced, rightly or wrongly, upon health care providers; (3) Study and become familiar with medical malpractice law; (4) Work for legislation to correct a flawed personal injury system."

Their books show how, in a way that physicians should find interesting. Traditionally, says Roy, physicians have not understood the legal system. In the malpractice guide, legal concepts are presented using terms doctors can understand. The book traces the "etiology" of the "disease," recommending "treatment" and "prophylaxis."

Does he want to change the law as it exists today? "I certainly do," he says. His prescription? Half joking, he quotes from Shakespeare's *Henry VI*: "The first thing we do, let's kill all the lawyers." Of course, that doesn't include his sons. He is speaking of plaintiffs' lawyers, whom he considers "the nemesis of the American health care delivery system."

While many health care professionals complain about medical malpractice, some retire prematurely, and others refuse to practice in the high risk specialties, it is refreshing to find a dedicated and talented group of medical/legal professionals like the Rapp family, who are actively concerned about the future of medicine, and willing to do something concrete to protect its future. ▲



(L to R) James A. Rapp, J.D., Michael T. Rapp, M.D., J.D., Robert E. Rapp, J.D., James Strieby, President of St. Mary's Hospital, and Roy T. Rapp, M.D. at a presentation at St. Mary's in Quincy.

The Simple Pleasures

Remember when every major medical plan was like this . . .

NO PRE-APPROVALS

CHOOSE YOUR OWN DOCTOR & HOSPITAL

FAST FRIENDLY CLAIMS SERVICE

"No pre-approvals," the doctor said. The doctor just as easily could have declared that they were free to go to their favorite doctor *and* the trusty local hospital, with no questions asked. "We also enjoy fast, friendly claims service," added the office manager. "And the PBT's representatives always make me feel like they're on my side." It's not always this easy to find life's simple pleasures . . . great personal service . . . experienced staff used to meeting the needs of physicians and group practices . . . outstanding coverage options . . . and best of all—low group rates. However, it's what you would expect from your medical society's own program. After all, it's just what the doctors ordered!

If you're looking for the simple pleasures of a worry-free Office Benefits Program for your practice, you'll love the PBT. Enjoy our Major Medical Plan and your choice of Dental, Life, Disability and Dependent Life coverages.

For information, call toll free: (800) 621-0748. Or call (312) 559-9130 or mail coupon.

Please send information about the Office Benefits Program.

Coverage Includes:
☑ Major Medical

Options:
☐ Dental
☐ Life
☐ Disability
☐ Dependent Life

Office Manager/Contact Person: _____
Practice Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Total Number of Physicians & Staff: _____

ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

1989: Year

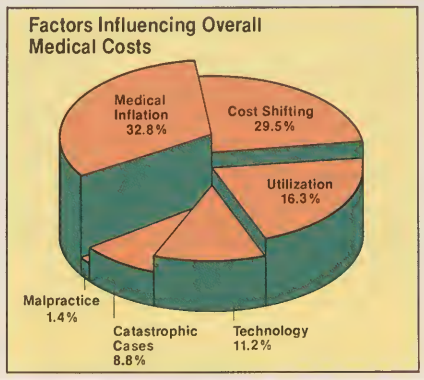
JANUARY

HMOs weather short-term turbulence for long-term growth

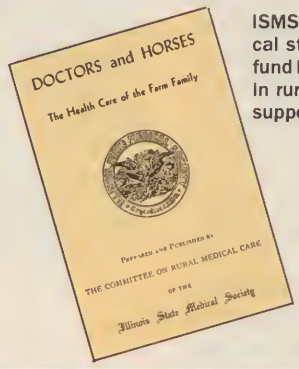




ISMS/Exchange break ground for new Springfield office



Health benefits costs continue upward spiral



ISMS/IAA medical student loan fund logs 30 years in rural MD support

Role of MD expert witnesses examined

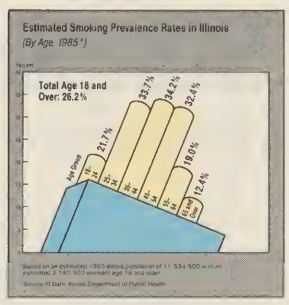


FEBRUARY

U of I

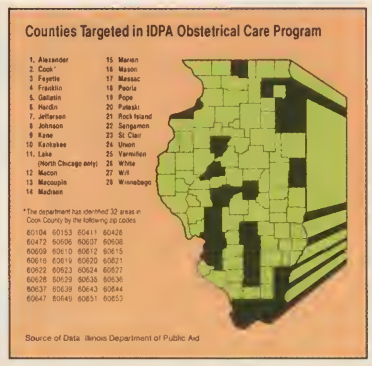
UI/Reese affiliation announced; foes begin attack

Illinois Clean Indoor Air Act reintroduced



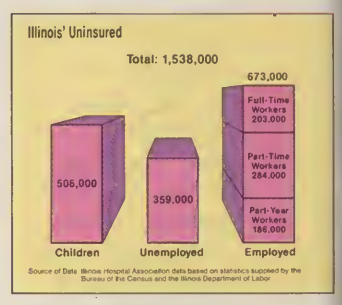


Physicians and community establish Will-Grundy Medical Clinic



IDPH restructures Medicaid OB reimbursement

Illinois' medical indigency problem yields no easy answers



MARCH



ISMS-opposed mandatory assignment bill reintroduced by State Rep. John McNamara and others



Feds block merger of Rockford Memorial and SwedishAmerican hospitals



Illinois CHIP program launched at fast clip

ISMIE and Evangelical Health Systems announce joint program

Champaign city council approves Burnham/Mercy hospital consolidation



APRIL

he·don·ic
(hi-don'yk) *adj.*
1. Of, pertaining to, or marked by pleasure.

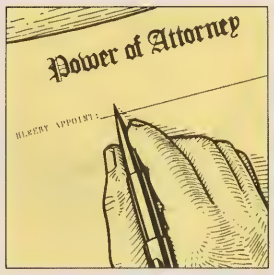
The American Heritage Dictionary of the English Language

"Hedonic" damages trend sees court challenges



High school team physician program meets continuing need

Power of attorney law grants patients control

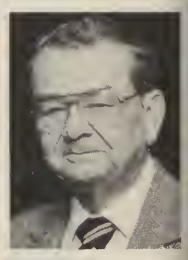




ISMS-backed "caps" bill introduced by State Sen. Bob Kustra, but fails to advance

MDs debate health policy at ISMS annual meeting





New ISMS President Eugene P. Johnson, M.D. begins term

MAY



Animal rights activists target university biomedical research

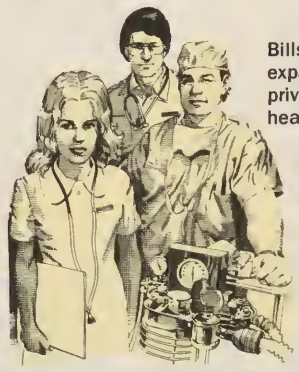
AIDS testing, confidentiality rules set

AIDS



"Underfunding" of state insurance plan delays payments to MDs





Bills seek to expand practice privileges of allied health providers

Illinois' John Ring, M.D., seeks re-election as AMA board chairman



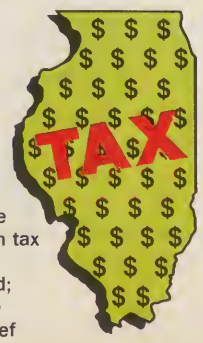
JUNE



Illinois Senate kills mandatory assignment

Museum of Science and Industry exhibits *Conquest of Pain*





MD service occupation tax liability announced; legislature grants relief



Physicians play role in helping child abuse victims



Chicago ethicist Steven Miles, M.D., talks about Linares case



Exclusive contracts pose growing dilemma for Illinois MDs

in Review



Chicago Medical School drops four-year bid to build North Chicago hospital



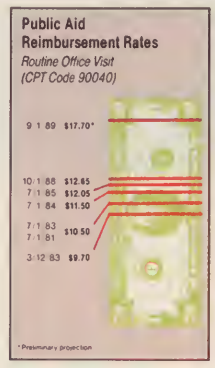
Special legislative issue features tort reform gains



Premarital AIDS testing bill, sponsored by Rep. Grace Mary Stern, repealed

U of I

Senate kills UI/Reese plan; officials regroup



$30 million Medicaid hike approved

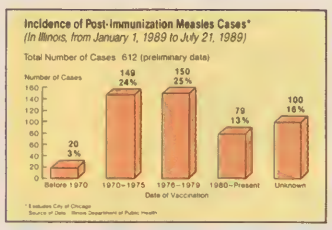
FMG anti-discrimination bill sails through legislature





Governor Thompson calls it quits after 14 years

Measles outbreak unleashes emergency vaccination effort





State seeks solutions to medical waste problem



Turnock v. Ragsdale case divides Rockford on abortion

PAINS

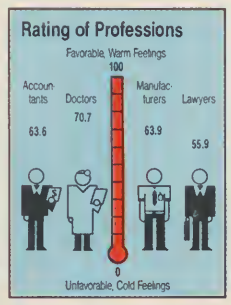
300-member IPA in Chicago's northern suburbs dissolves after four years



Generic drug controversy grows with federal probe

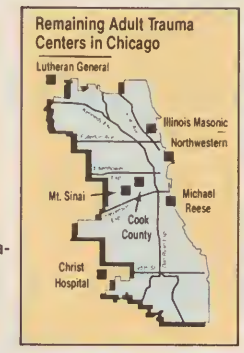


Revised perinatal network proposals spark concerns



ISMS poll finds physicians most respected among professionals

Regional disorganization and financial loss mark trauma networks

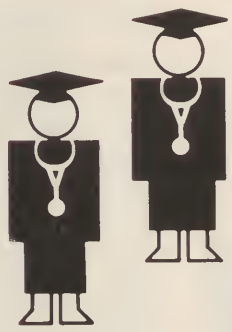


New tail coverage allows retired doctors to practice in free clinics

ILLINOIS STATE MEDICAL INTER-INSURANCE EXCHANGE

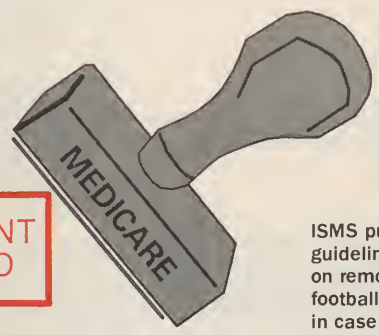
U of I

Modified UI/Reese pact finally approved; new dean appointed



First-year med students see changes among challenges

PRO scrutiny makes Illinois MDs walk tightrope



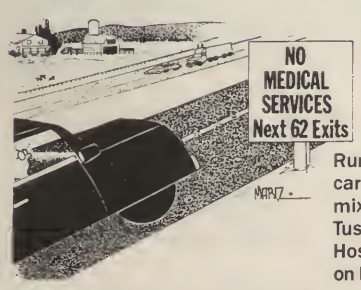


ISMS publishes guidelines on removing football helmets in case of injury

DeLuna

Illinois Supreme Court agrees to hear *DeLuna* certificate of merit case

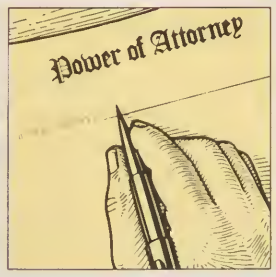
RURAL AMERICA



Rural health care bills meet mixed fates, and Tuscola's Jarman Hospital teeters on brink of closure

Lake County mini-internship program yields wealth of benefits





Illinois Supreme Court grants "right to die" in highly controlled circumstances

ISMS physicians discuss Canadian health system, other issues at all member conference



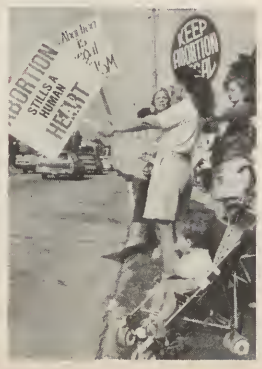


Cook County health care summit kicks off amid dissension



Lutheran General closes its 300-bed Lincoln Park hospital

AMA financial irregularities spark investigation; ISMS calls on AMA to redefine mission



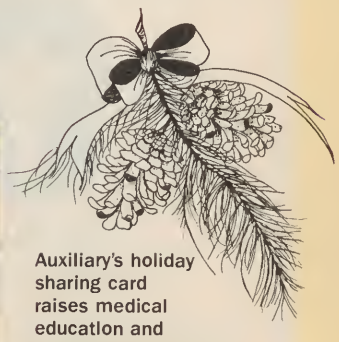
Turnock v. Ragsdale abortion case settled, averting U.S. Supreme Court hearing

Residency program directors discuss licensing regulations



Blue Cross of Illinois cracks down on "unbundling"





Auxiliary's holiday sharing card raises medical education and research funds

JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER



Terry Vitacco

Phyllis Gerber, M.D., talks to Chicago high school students about AIDS. "When you see the lights go on in someone's eyes that they understand, it makes me feel better about my job."

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

Physicians counsel teens on AIDS

"YOU'RE GROWING, developing, your hormones are flowing and raging!" Phyllis Gerber, M.D., tells a Chicago high school class. "This is a time when there's really no thought of the future by these kids," Ken Haller, M.D., tells a Bloomington crowd of physician spouses. "Who is your best friend? Would you accept blood from her?" Miles Jones, M.D., asks a student in a Sesser Valier High School health class. "Sure, that would be great," replies the student. "Do you know what that individual did last night?" Dr. Jones asks.

Throughout the state, physicians like Dr. Gerber, Dr. Haller and Dr. Jones are spreading the word that teens are at risk for AIDS, working through the "AIDS and adolescents outreach program" launched in September, 1988 by the Illinois State Medical Society (ISMS). ISMS rolled out the program across the state by training interested physicians on how to speak to teens about AIDS. The society's public relations office matches trained doctors with nearby schools requesting physician speakers. ISMS has offered its program to all Illinois schools and other organizations like parent/teacher associations.

So far, more than 300 junior and senior high school classes and 260 physicians have gotten involved.

Making teens think about AIDS is challenging, Dr. Haller says. "Teens think they're immortal. "They think it will never affect them, only people in their 20s and 30s."

But what makes teens listen? The answer is simple, says Sesser health teacher Gene Morgan. "When a physician walks into a classroom, he or she instantly commands the respect that our society holds for physicians. When Dr. Jones says, 'If you get this disease, you will die,' the kids know 'This applies to me, I'd better listen'."

But trying to teach adolescents everything they should know about AIDS in 50 minutes, Dr. Jones admits, is a formidable challenge. "In southern Illinois where we have one of the highest teenage pregnancy rates in the state, it's a mistake to walk in there and tell them you cannot and should not have premarital sex. Chances are they are already doing it," he says. "Honesty is the key, but I also add humor and try to get them involved. I make it clear that they should wait, but I tell them it's their choice and explain to them why they need to take precautions."

Medical students help out

Though the majority of the program's speakers are MDs, medical students are also assisting in the education effort. Among them are 35 Southern Illinois University (SIU) medical students in Springfield. Fourth-year student Kathy Hild, the Springfield area AIDS education coordinator, got medical students involved last December. Hild says they find the effort rewarding. "First and second year students are studying a lot, doing a lot of lab work. This is a great opportunity to get involved."

ISMS provides its physician speakers with informational materials on AIDS. Doctors are armed for their presentation with ISMS's 23-minute videotape, entitled "AIDS: Choose to be Safe." The tape features an HIV-infected teen explaining why teens are at risk for AIDS, along with two physicians discussing AIDS with adolescents. Schools have also been sent brochures entitled "You can't be too careful: facts for teens (and their parents) about AIDS."

But it's up to the doctor to bring it all together in the classroom, says Dr. Gerber. "And," she adds, "not all doctors have the skill or temperament to deal with this particular age group on a large scale."

Honesty and directness, Dr. Haller adds, is key to making the information sink in. "It's really important for physicians to be honest about how they [teens] can get AIDS and how they can't. We must be specific."

On Chicago's south side, Dr. Gerber speaks to students about AIDS in the Marie Curie Metropolitan High School adult living class. " . . . Now, lets talk about *numero uno*. Sex. What is sexual intercourse?"

After a moment of silence, a female voice answers softly, "When male and female join."

"That's a pretty good definition of sexual intercourse. Does it have to be male and female?" the doctor asks.

"No," answer a few students.

"OK, it doesn't have to be male and female. Now, give me a better idea, what is sex? I'll help—some parts of one person coming in contact, physically, with the body parts of another person. When we talk about sexual intercourse, the majority of the time, we talk about the man putting the penis in a woman's vagina. But that's not the only way, right?" The students nod.

We've got to understand each other or there's no sense in talking," Dr. Gerber emphasizes.

School officials say they appreciate Dr. Gerber's direct explanations of how sexual intercourse works and how AIDS can be contracted.

Teens respond well to physicians

As the day goes on, Dr. Gerber does three more presentations to Loretta Spisak's adult living classes. In between periods, Dr. Gerber talks with a reporter about the importance of physicians discussing AIDS with teens. "The teacher has the job of being there on a day-to-day basis to provide a learning environment for the kids. It's very difficult to one day sit back and be very understanding, warm and loving and the next day be the disciplinarian. This is the perfect place for physicians to step in and deal with an intimate, threatening subject," she says.

Adds Spisak, "Because AIDS information changes every year, we [teachers] aren't able to give our students up to date information. "Therefore, students have many misconceptions."

"My ma doesn't know much about this thing," says 15 year old Annette DeLune, a freshman in Spisak's class. "I could tell her what's going on from listening to this doctor. If I ask questions about AIDS to a teacher, she might tell my mom. And my mom might say, 'Why are you asking that?' or 'What do you want to know for?' Then I'll get embarrassed."

For more information on the ISMS program, physicians can contact the ISMS public relations office at 1 (800) 782-ISMS or 312-782-1654. ▲

Great moments in Illinois medicine

Dr. Ricketts finds what makes a deadly fever tick

IN 1906, when Howard Taylor Ricketts, M.D., began making annual pilgrimages from the University of Chicago to study Rocky Mountain Spotted Fever in the wilds of Montana, colleagues joked of his having



Howard Taylor Ricketts, M.D. (Photo courtesy of the University of Chicago.)

ulterior motives. After all, the brilliant medical researcher's passion for outdoor sports was well known.

But those who were close to Dr. Ricketts never doubted his devotion to his work: confirming a never-proven theory that the fever was caused by tick bites. Dr. Ricketts gathered together an extensive woodlands menagerie to study the disease—in the beginning, he even made animals' cages with his own hands.

Assisting Dr. Ricketts was J. J. Moore, a University of Montana bacteriological student. One of Moore's jobs was to "harvest" ticks, a process that involved walking through infested areas until his clothes were covered with the insects.

When spring was over, Dr. Ricketts moved his research and ticks back to his lab at the University. His staff expressed not a small degree of ambivalence about working with the study's subjects. Aside from concern about catching the fever, the staff complained that the ticks were totally lacking in any visual appeal (after a gorging, the insects would often swell to the size of marbles).

Dr. Ricketts' complete concentration on his labors was the subject of much amusement, although it must have often tried the patience of his wife, Myra. At one point, she informed her husband that their young daughter was running a temperature of 102°F. Dr. Ricketts was not alarmed, until he realized that his lack of concern was due to the fact that 102° was a perfectly normal temperature for a laboratory guinea pig.

After four years in primitive, cramped conditions that one colleague said would have "so embarrassed most men that they would have given up in despair," Dr. Ricketts' research finally yielded its answer: Rocky Mountain Spotted Fever was caused by a virus entering the body through an infected tick's bite.

Dr. Ricketts planned to devote the rest of his life to isolating the bacillus that carried the virus. But the very research he loved proved fatal. While in Mexico studying typhus, a disease which shared insect transmission and other features with Rocky Mountain Spotted Fever, he was stricken with the disease himself, and died on May 3, 1910. He was 40 years old.

Today, Dr. Ricketts' name is used to refer to the rod-shaped bacillus that carries typhus and other diseases. He is also honored by a research lab dedicated to him at the University of Chicago. ▲

VACATION SEMINARS
— Fully Accredited —
Medical Malpractice
"Damage Control" and
AIDS: An Overview
(Satisfies Relicensure Requirements)

2-5 Day Programs
Offered WEEKLY At:

4 CLUB MED VILLAGES
(Dom. Rep., FL, Mex., Nassau)
DISNEY WORLD*, CRESTED BUTTE (CO)
LAKE PLACID, LAKE TAHOE
MIAMI BEACH, N. CONWAY (NH)
PHOENIX, POCONO MTS. (PA)
SAN DIEGO, STEAMBOAT SPRINGS (CO),
& a DUDE RANCH (AR)
*3 & 4 day Bahamas Cruises
offered (special rate)

Registration fee: $125-225
(8-20 hours CME)
Spouse Free

Presented by:
CURRENT CONCEPT SEMINARS
America's Largest Independent
Producer of CME Programs
5700 Stirling Road, Hollywood, FL 33021
(305) 966-1009 · (800) 969-1009



SPECIALIZE IN AIR FORCE MEDICINE.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle , quality benefits and 30 days of vacation with pay per year that are part of a medical career with the Air Force. Find out how to qualify. Call

USAF HEALTH PROFESSIONS
815/424-2035
COLLECT

AIR FORCE

IT'S TIME TO GET A TOTAL BUSINESS SOLUTION FOR YOUR MEDICAL GROUP PRACTICE

DataBreeze has the Answer!

The latest in software and hardware technology. Our comprehensive applications — Patient Management and Accounting, Claims Processing, Practice Analysis, Managed Care, Financial Management, and Payroll — are combined with a state-of-the-art computer system from Digital Equipment Corporation to form the foundation for a completely integrated solution. The combination of DataBreeze software and Digital's fully compatible family of VAX™ computers means that the system we recommend today can grow as your business grows.

Innovative management programs. You can realize the full potential of a practice management system with our unique management programs. For example, we show you how to use the computer system to expand your patient revenue base with a marketing program, increase your cash flow with innovative collection techniques, and maximize third party reimbursement with aggressive billing strategies.

VAX is a trademark of Digital Equipment Corporation

Responsive support. Our experienced team of management consultants, systems engineers, and support staff is dedicated to making sure that your staff and management systems are operating at peak performance.

An ongoing commitment to your practice. Many of our clients have been enjoying the benefits of our business solutions for more than five years. We are constantly evolving our management systems to respond to your growing practice and the latest challenges of the volatile medical industry.

DataBreeze. We don't just sell software. We offer a network of products and services that improve all aspects of your practice's administration.

Contact us today for a consultation:

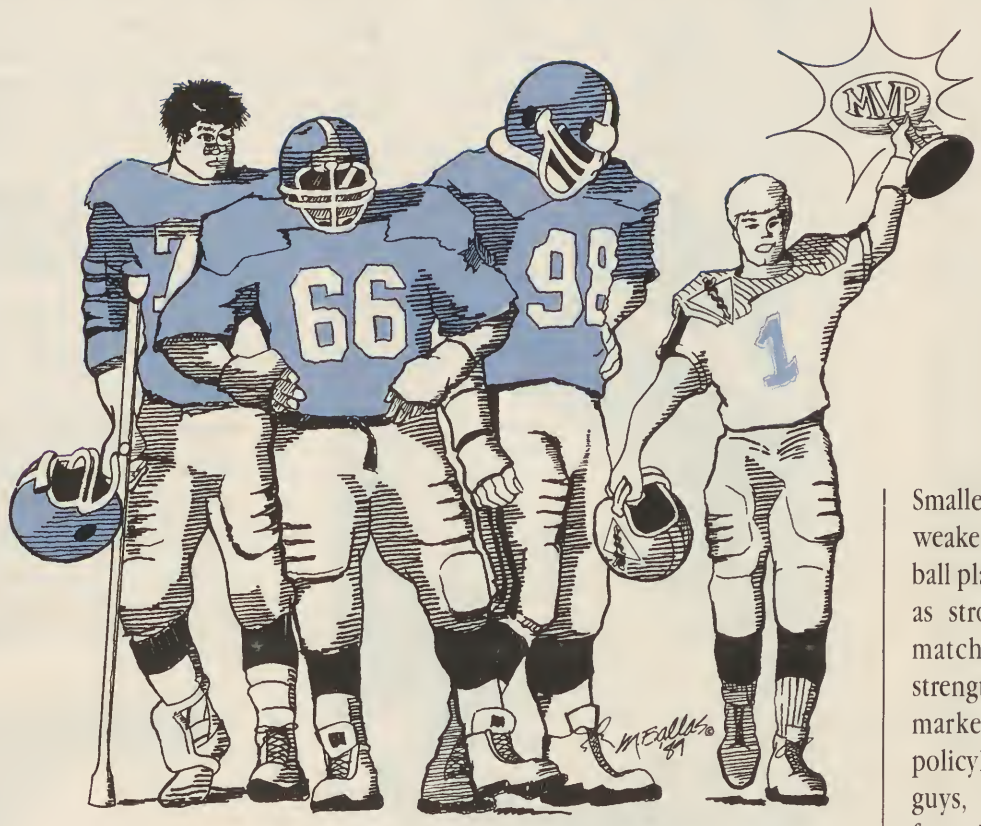
DataBreeze, Inc.
199 S. Addison, Suite 100 A-B
Wood Dale, IL 60191

Offices in Florida, Chicago, and New York

(312) 766-9555

Last year the average lineman in pro football was 6′-6″ tall and weighed 275 lbs. The *leading scorer* was only 6 ft., 200 lbs.

The Moral: **Size isn't everything.**



Whether it's football or malpractice insurance, leadership has little to do with size. You don't have to be the biggest person on the field to dictate the course of the game or lead the league.

For years, the Illinois professional liability insurance market has been dominated by the "big guys," and there is no question that the major companies have played an important role. But lately, new leadership in the professional liability insurance arena has come from a smaller player: Associated Physicians Insurance Company.

And now, APIC takes the lead again . . .

Recognizing and acting upon improvements in the medical malpractice environment in **DuPage, Kane, Lake, McHenry** and **Vermilion Counties,** APIC has placed these five counties into a new Territory IV. As a result, beginning January 1, 1990, APIC will offer Territory IV physicians premiums that are 10% less than those for physicians in Territory I. This new five-county territory will also benefit from a **statewide rate decrease** that averages 10.5% less than APIC's 1989 premiums.

A new risk territory . . . a statewide decrease in rates . . . that's real leadership. But with APIC, leadership is nothing new . . .

. . . While the big companies were either refusing new physicians' business, or were restricting coverage terms, APIC offered "prior acts" coverage to qualified individual physicians, allowing them to avoid purchasing costly "tail" coverage.

. . . APIC's Partnership Program for Risk Management is breaking new ground in hospital/medical staff cooperation by providing substantial premium savings to policyholders for joint risk management and claim management activities.

. . . APIC took the lead with regard to newly-in-practice physicians by offering them the best discount and terms in the state.

One more point about leadership and size . . .

Smaller doesn't necessarily mean weaker. Just as many smaller football players are "pound-for-pound" as strong as their linemen, we'll match APIC's relative financial strength against any company in the marketplace. APIC's surplus per policyholder is as large as the big guys, and reinsurance protection from Lloyd's of London helps to keep it that way.

So the next time you review your professional liability insurance, consider a quotation from the company that *earns* its leadership position by being better, not bigger . . . Associated Physicians Insurance Company.

Professional Management by
The Hardy Group, Inc.
Underwriting Office:
233 N. Michigan Avenue
Suite 1708
Chicago, IL 60601
(312) 938-3900

Administration and Claims Office:
2300 N. Barrington Road
Suite 200
Hoffman Estates, IL 60195
(708) 310-9900

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

***Bird**
Harold F. Bird, M.D., of Decatur, died January 18, 1989 at the age of 82. Dr. Bird was a 1937 graduate of the Chicago Medical School.

***Brown**
Robert L. Brown, M.D., of Wilmette, died March 12, 1989 at the age of 67. Dr. Brown was a 1947 graduate of the University of Virginia School of Medicine, Charlottesville.

***Elliott**
Robert W. Elliott, M.D., of Alton, died March 23, 1989 at the age of 76. Dr. Elliott was a 1936 graduate of Washington University School of Medicine, St. Louis, MO.

****Johnson**
Obbo W. Johnson, M.D., of Bensenville, died May 28, 1989 at the age of 95. Dr. Johnson was a 1927 graduate of the University of Kansas School of Medicine, Lawrence-Kansas City.

Kreider
Paul G. Kreider, M.D., of Springfield, died January 11, 1989 at the age of 90. Dr. Kreider was a 1923 graduate of Harvard Medical School, Boston.

***Lazar**
Harold P. Lazar, M.D., of Winnetka, died March 1, 1989 at the age of 60. Dr. Lazar was a 1952 graduate of New York Medical College, Valhalla.

***Lewis**
Julian H. Lewis, M.D., of Chicago, died March 6, 1989 at the age of 97. Dr. Lewis was a 1917 graduate of Rush Medical College, Chicago.

****Morse**
Leo M. Morse, M.D., of Northbrook, died March 17, 1989 at the age of 80. Dr. Morse was a 1933 graduate of Ohio State University College of Medicine, Columbus.

***Rowe**
Jaines A. Rowe, M.D., of Chicago, died February 24, 1989, at the age of 62. Dr. Rowe was a 1952 graduate of the University of Illinois College of Medicine, Chicago.

***Shapira**
Theodore M. Shapira, M.D., of Chicago, died January 16, 1989 at the age of 85. Dr. Shapira was a 1931 graduate of Northwestern University Medical School, Chicago.

Tiritilli
Ernest C. Tiritilli, M.D., of Chicago, died January 22, 1989 at the age of 59. Dr. Tiritilli was a 1952 graduate of Loyola University Stritch School of Medicine, Chicago.

****Vandermyde**
Isaac Vandermyde, M.D., of Morrison, died January 25, 1989 at the age of 87. Dr. Vandermyde was a 1928 graduate of Rush Medical College, Chicago.

White
Curtis White, Jr., M.D., of Chicago, died February 25, 1989 at the age of 34. Dr. White was a 1978 graduate of Chicago Medical School.

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE
707 South Wood Street
Chicago, IL 60612
ACCME Accredited

February – April, 1990

- ☐ Review Course in Neurological Surgery
  February 2 - 11, 1990
- ☐ Clinical Psychiatry: A Comprehensive Review of the Specialty
  February 12 - 16, 1990
- ☐ Specialty Review in General Surgery, Part II
  February 12 - 19, 1990
- ☐ The Biologic Basis of Neurology and Psychiatry: A Review for Board Candidates and Established Practitioners
  February 19 - 23, 1990
- ☐ Specialty Review in Geriatics: A Comprehensive Review for Board Candidates and Established Practitioners
  February 26 - March 2, 1990
- ☐ Advances in Pediatrics, 1990
  March 5 - 9, 1990
- ☐ Advances in Family Medicine, 1990
  March 12 - 16, 1990
- ☐ General Surgery Update: 1990 (The Cloister, Sea Island, Ga.)
  March 19 - 22, 1990
- ☐ Fiberoptic Colonoscopy
  March 21 - 23, 1990
- ☐ Fiberoptic Esophagogastric Endoscopy
  March 26 - 28, 1990
- ☐ High-Risk Obstetrics, 1990
  March 29 - 31, 1990
- ☐ Advances in Internal Medicine, 1990 (Four Seasons Biltmore, Santa Barbara, Calif.)
  April 2 - 5, 1990
- ☐ Advances in Emergency Medicine, 1990
  April 16 - 18, 1990
- ☐ Specialty Review in Urology
  April 16 - 21, 1990
- ☐ Modern Trauma Management: The First 24 Hours
  April 19 - 21, 1990
- ☐ Specialty Review in Obstetrics and Gynecology
  April 29 - May 5, 1990
- ☐ Advances in Surgery, 1990
  April 30 - May 4, 1990

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____

Address _____

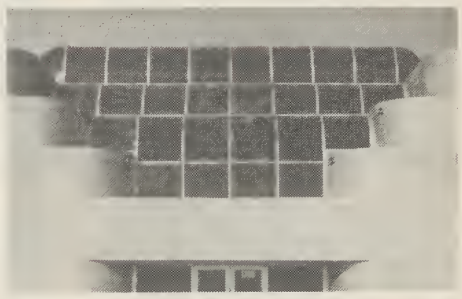
City _____

State _____ Zip _____

Call toll-free today!
1-800-621-4651

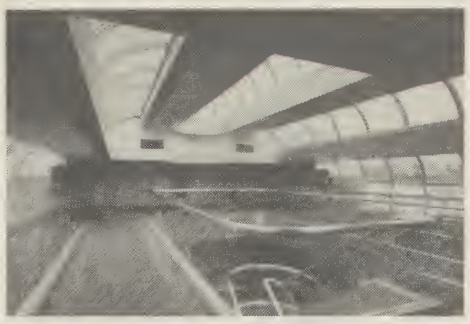
Upgrade your professional image

Practice medicine in the serene yet hi-tech 1700 Medical Surgical Centre where ambience and style blend with the amenities required for your patients.



Your patients live here

Centrally located in Arlington Heights, this architectural treasure offers handicapped accessibility, ample parking and a skylit interior atrium. Within the Northwest suburbs are newcomers comprising executives and their families who wish to receive medical services in an opulent setting. Other potential patients comprise affluent career people and retired seniors who can afford the caliber of services you deliver.



Prime location

Just minutes from the Northwest tollway, Woodfield, or Route 53, location is a key consideration for 1700 Medical Surgical Center. Not only can your patients reach you, but you can also accommodate patients needing the services of nearby hospitals.

There's more . . . call 708-398-3855. Today is your future.

LAW FOR MEDICINE

Providing Legal Consultation and Representation to Illinois Physicians Concentrating in Medical-Legal Matters

LICENSURE AND REGULATION
HOSPITAL PRIVILEGES
BOARD MEMBERSHIPS
SECOND OPINIONS ON MEDICAL NEGLIGENCE

The Law Offices of

SHARI DAM
Attorney At Law

- Former Chief of Prosecutions, Illinois Department of Professional Regulation (Registration & Education)
- Lecturer on medical-legal affairs

46th Floor
One N. LaSalle Street, Chicago, Illinois 60602
312/704-0190

ALAN C. HOFFMAN
Attorney At Law

- Former Illinois Special Assistant Attorney General
- Member American College of Legal Medicine
- Current Author and Lecturer on medical-legal affairs
- Former Professor of Law

Suite 3100
180 N. LaSalle Street, Chicago, IL 60601-2881
312/855-0000

The following is the schedule of remaining Chicago and Cook County health care summit public hearings. Physicians wishing to testify may register at the hearing site, and will be heard on a first-come, first-served basis. Weekday hearings begin at 6:30 p.m.; Saturday hearings at 1:00 p.m. Written testimony will be accepted by the Health Care Summit, c/o Illinois Department of Public Health, 100 W. Randolph, Suite 6-600, Chicago, IL 60601, until January 15, 1990. Call (312) 337-7400 for further information.

Wednesday, January 3
Malcolm X College
1900 W. Van Buren
Chicago, Illinois

Thursday, January 4
Chicago Urban League
4510 N. Michigan Avenue
Chicago, Illinois

Saturday, January 6
Markham Courthouse
16501 Kedzie Parkway
Markham, Illinois

Monday, January 8
Association House
2650 W. Hirsch
Chicago, Illinois

Tuesday, January 9
Curtis Elementary School
32 E. 115th Street
Chicago, Illinois

Wednesday, January 10
St. Mathew Lutheran Church
2108 W. 21st Street
Chicago, Illinois

Thursday, January 11
Elk Grove Village Township Hall
2400 S. Arlington Heights Road
Arlington Heights, Illinois

Public hearings

(continued from page 1)

so far been unsuccessful because of conflicting information regarding her public aid eligibility. "I hope that sometime, somewhere along the way, there'll be something for me, and not something that passes over me and treats me like an assembly line person," she said.

Oak Park resident Gloria Townsend described a "three-year odyssey" dealing with the Illinois Department of Public Aid (IDPA). Though originally eligible for Medicaid, she said that because she found a part-time job, she was told she was no longer eligible due to making too much money. She said she finally turned to the church-related Circle Care Ministries, which she said "really do care."

Community-based clinic system seen as needed

Speaker after speaker called for a system of public and private community-based clinics throughout Cook County. Helen Shiller, 46th Ward alderman, told the Truman College hearing there is too much emphasis on a "top-heavy system focused on hospitals. The foundation of an effective system is prevention," Shiller said, "and the second building block is clinics." She urged summiteers to be ambitious in their plans. "Don't be afraid to be as creative and dramatic as you can, because we can't afford anything else."

The creation of an intergovernmental authority to oversee whatever system is finally proposed was suggested by Thursday's lead-off witness, Evangelical Lutheran Church Bishop Sherman Hicks, who also cochairs the Community Renewal Society's task force on health policy. Many others echoed the bishop's suggestion. However, when pressed by Dr. Addington to describe how such a governance system would work, most could only respond in generalities. Significantly, there was agreement on the necessity for such a system to have its own taxing authority.

Quentin Young, M.D., of the Health and Policy Research Group, said the former Health and Hospitals Governing Commission that ran Cook County Hospital in the late 1960s and early 1970s was more successful than is usually conceded, but ultimately failed because it could not impose its own taxes. He said creating a new authority is "an easy thing to do if the political will is there," but also warned that "you can't just create a governing authority and not give it taxing capability."

Others endorsed the oft-proposed idea of a downsized Cook County Hospital that would use two currently closed community hospitals—Provident Hospital on the city's south side and St. Anne's on the west side—as satellite sites to provide acute care. Moreover, effective coordination between these sites and the community-based clinics would be mandatory, witnesses said.

Seven more hearings will be held in January to aid the 39-member policy steering committee as it drafts overall principles to guide the design of a new county health care system. A specific plan is to be developed by the nine-member system design and management committee. The final plan must be presented to Thompson, Daley and Dunne in mid-April so that implementing legislation can be drafted for the General Assembly's spring session. ▲

Daley finds funds to open Roseland

by Kevin O'Brien

CHICAGO MAYOR Richard M. Daley announced December 11 that $3 million would be "reprogrammed" in the 1990 city budget to allow the brand-new but never-used Roseland Neighborhood Health Center to open by the end of January 1990.

"This center forges a public/private partnership between the city of Chicago and Roseland Community Hospital," Daley said in a prepared statement. "While the health center will be owned by the city and operated by city employees, the city will contract with the hospital to provide expanded services to health care patients."

The new facility, located at 115th Street and Indiana Avenue, will offer more than 20 different services including prenatal care, pediatrics, AIDS counseling and testing, women and infant children, adolescent and adult care, and social services. In addition, it will be the first city clinic to have evening and weekend hours, which will be determined in meetings between community residents and Chicago Department of Health officials.

The Roseland clinic was dedicated last March, but has been sitting idle for lack of funding. Daley had originally allocated $1.7 million from development block grant funds, and the remaining $1.3 million from other clinics, for Roseland's operation. He also sought to negotiate a management contract with Roseland Hospital to operate the clinic. However, that plan drew immediate criticism from community and political leaders who feared it would "privatize" the clinic and increase prices.

In October, Acting Health Commissioner Richard Krieg, Ph.D., and Board of Health President Whitney Addington, M.D., issued a 44-page report titled *Clinics in Crisis,* (see *Illinois Medicine,* October 27) outlining more than 30 solutions to solve Chicago's clinic problems. A clinic oversight group, chaired by Board of Health member and Mercy Hospital President Sister Sheila Lyne, was appointed to review the report and make recommendations to the Chicago and Cook County health care summit. ▲

Medicaid discharge law

(continued from page 1)

Senior Citizens' Organizations (ISCSCO), which noted complaints by some elderly patients and their families that the elderly were being discharged too early from Illinois hospitals. The group also said patients complained they didn't have enough notice to arrange for transportation after discharge.

According to Thomas Taylor, top staff aide to Senate Republican leader James "Pate" Philip (Elmhurst), many legislators voted in favor of H.B. 302 because of the irate reaction of many senior citizens to senators' negative votes on mandatory assignment (which had previously been defeated).

The IHA opposed H.B. 302 in its finalized form. "We first attempted to work with the sponsor," said IHA spokesperson Adrienne Donohue, "to amend it. After that attempt failed, we came out publicly against 302."

On November 2, IHA sent a letter to member hospitals advising them of the need to implement procedures complying with the law. The letter reads in part, "Physicians should be instructed to err on the side of too much notice (i.e., anticipate discharge a few days ahead rather than the night before). Also, they will need to carefully document why the patient cannot go home at time of notification (conditions for discharge) so that [utilization review] personnel understand the continued stay." The letter included a sample notification form. ▲

MEDICAL DIRECTOR

CANCER CARE

Columbus-Cabrini Medical Center, owned and operated by the Missionary Sisters of the Sacred Heart of Jesus, is seeking a Medical Director for its clinical Oncology Program. Based at 325-bed university-affiliated Columbus Hospital in Lincoln Park, the incumbent will be charged with developing an established diagnostic and therapeutic service into a comprehensive cancer care center. Ideal candidates will be trained and/or board certified in a recognized oncology specialty.

Send letters of intent, including curriculum vitae to:

Erl Dordal, M.D.
Chairman, Search Committee
Columbus-Cabrini Medical Center
2520 N. Lakeview Ave.
Chicago, Illinois 60614

Columbus-Cabrini Medical Center

An equal opportunity employer

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Family physician—well-equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating, etc. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone—(618) 285-6634.

Twenty-nine physician multispecialty clinic located in desirable east central Wisconsin location is seeking board certified or board qualified orthopedic surgeon to round out its services. Lab, x-ray, excellent hospital. Liberal guarantee and benefits. If interested contact D.F. Sweet, M.D., Fond du Lac Clinic, S. C., 80 Sheboygan Street, Fond du Lac, Wisconsin 54935.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box #2147, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family practitioners, East Central Illinois. Immediate openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice (group or solo). Attractive support package including benefits. Small, friendly community of 10,000, family oriented environment. Service area of 30,000 people. Located three hours from both Chicago and St. Louis, 90 minutes from Indianapolis, Ind. Exceptional recreational, cultural, and educational opportunities. Modern, well-equipped, 49-bed, JCAH accredited facility. Contact: John M. Dillon, Administrator, Paris Community Hospital, East Court Street, Paris, IL 61944; (217) 465-4141.

Georgia. Family practice—internal medicine—oncology — endocrinology — neurosurgery — neurology—general surgery—orthopedic surgery. Group practice, solo, or urgent care settings available through the Charter hospital network located in Macon and serving all of middle Georgia. Your practice will be located 80 miles south of Atlanta, in a growing family-oriented community, where you can avoid traffic and enjoy a rewarding professional career. Please contact Stephen Wofford at 912/741-6283 for a confidential consultation or write: Charter Northside Hospital, P.O. Box 4627, Macon, Georgia 31208.

Healthline Physician Services, an affiliate of St. Louis University Medical Center, is recruiting for an emergency department medical director and staff physicians at Hannibal Regional; Hannibal, Missouri. Growth oriented program in historic Missouri river town. Good compensation, benefits, paid liability. Part-time/locum tenens also available. Contact William J. Salmo, Healthline Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, Missouri 63108; 1-800-443-3901.

Ophthalmologist to share ultra-modern office in Wilmette. Two lanes, business office, M.D. office, large waiting area. Call: Rick at (708) 587-3030.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparoscopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Anesthesiologists BE/BC. Large, well established single specialty practice seeks additional anesthesiologists. All surgical subspecialties represented. Minimal OB and pain management. Excellent financial package. Early partnership. Send CV to: Associated Anesthesiologists, S.C., 5401 N. Knoxville, Suite 49, Peoria, IL 61614.

Medical center seeking physicians to work part time or on a time share office arrangement in the following specialties: gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Sue Shidler, Administrator, 1455 Golf Road, Suite 204, Des Plaines, IL 60017-2237 or call 708/390-9300.

HealthLine Physician Services, affiliated with St. Louis University Medical Center, has full-time opportunities for the following specialties: BC family practice, BC pediatrics, BC or BE internal medicine. Income guaranteed, no capital investment. HealthLine also has part-time/full-time emergency medicine, clinic, locum tenens positions throughout the St. Louis area and nearby central/southern Illinois. Paid malpractice, flexible schedules, no call, no overhead; challenging medicine. Contact: Bill Salmo, HealthLine Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, MO 63108. 1-800-443-3901.

OB/Gynecologist—Chicago—immediate opening. Dynamic growth oriented private practice in the Beverly Hills southwestern area of Chicago is seeking a board certified/board eligible associate, leading to partnership. Close to hospitals surrounded by ideal family oriented neighborhoods, excellent schools. Salary guarantee, insurance, plus incentives (no HMO). If interested please forward CV to Cynthia M. Suitts, Business Manager, 10725 South Western Avenue, Second Floor, Chicago, IL 60643.

Meyer Medical Group, 28 physician primary care group with offices in S.W. Chicago and Orland Park seeking board certified/board eligible physicians from good programs in OB/Gyn, internal medicine, and peds. Write to Medical Director, Meyer Medical Group, 10444 S. Kedzie Ave., Chicago, IL 60655.

Internist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Send curriculum vitae and resume to Box 2147, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine. Primary care internist (BC/BE) with or without sub-specialty, opening 07/1990, in well established three physician internal medicine group, due to retiring senior partner. Practice located adjacent to modern 350 bed hospital in the Illinois Quad Cities, offering a full spectrum of diagnostic and treatment services. Full guarantees, immediate partnership, and assumption of existing practice available with no expense to qualified individual. Send CV to: R.G. Scott, 2701 17th Street, Rock Island, IL 61201.

Industrial medicine—excellent opportunity for a full-time clinical position in suburban Chicago. Weekdays. Attractive compensation. ISMIE malpractice insurance required. Send curriculum vitae to Box 2159, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family practitioner-physician, preferably BC/BE to join solo family physician in southwestern Illinois. Computerized, organized, very high collection rate. P.O. Box 655, Granite City, IL 62040.

Two OBG need third OBG. Older partner to retire, very good opportunity to have a solid private practice partnership. Call 708/879-0041.

Ob/Gyn—family practice—general surgery—internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc.; 12724 N. Maplecrest Lane; Mequon, WI 53092; 1-800-243-4353.

Physician Opportunities: family practice, internal medicine, general surgery, nephrology, oncology, and OB/GYN opportunities available in the midwest and nationwide. All guarantee excellent incomes and can be reviewed in full confidence. Call or send CV to Mary Agnello, Caswell/Winters Inc., 11400 West Lake Park Drive, Milwaukee, WI 53224 or 1-800-332-0488 (In Wisconsin 414/359-1111).

Women's health: family practice/internal medicine. Nearly a perfect practice working with a preventative health care team in a brand new facility. This is an established women's program that offers an affiliation with Iowa's oldest multi-specialty group. Excellent guarantee, safe and well educated community. Call or send CV to: Maxine Brinkman, 23 North Federal, Mason City, IA 50401, 515/424-1100.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795, or in Michigan 1-800-632-3496.

Michigan, Ann Arbor-Detroit area: Looking for career-oriented emergency physicians board certified/prepared in emergency medicine, internal medicine, surgery or family practice. Directorships with stipends available. Excellent compensation including malpractice insurance. Benefit package available to full-time physicians. Contact: Emergency Consultants, Inc., 2240 South Airport Road, Room 17, Traverse City, MI 49684; 1-800-253-1795, or in Michigan 1-800-632-3496.

Internist BC/BE to join group of physicians with hospital affiliations: located south suburbs, excellent salary and benefits with incentives and progress to partnership. Send CV to Heather Medical Associates, Ltd., Doctors Pavilion, 17850 South Kedzie Avenue, Hazel Crest, IL 60429.

Large hospital based neonatology group practice has openings for full and part time board eligible and/or board certified neonatologists and pediatricians. Practice currently serves twelve community and two tertiary metropolitan Chicago hospitals. Excellent salary and benefit program includes malpractice insurance. For more information contact John Hylton, Director of Operations, Neonatal & Pediatric Services S.C., 2115 Butterfield Road, Oak Brook, IL 60521; 708/916-8900.

OB/GYN, family practitioners, internists, pediatricians, orthopedists and general/vascular surgeons: Immediate group/solo opportunities in Arizona (Phoenix, Tuscon, and rural communities) and other western states. Numerous excellent positions also available throughout United States. All inquiries confidential. Mitchell & Associates, Inc., P.O. Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

Chicago, IL—Ravenswood Hospital—BC/BE emergency medicine physician. Approx. 22,000 visits/year. Competitive compensation, incentives and paid malpractice. Diane Temple, EMSCO Management Services, 907 N. Elm St., Hinsdale, IL 60521, 312/654-0050.

Chicago, IL—Grant Hospital—near north Gold Coast area. Newly remodeled department currently seeing 20,000 patients annually. Excellent growth potential for BC/BE emergency medicine physician. Call or send CV for immediate consideration. Diane Temple, EMSCO Management Services, 907 N. Elm, Hinsdale, IL 60521, 312/654-0050.

Hauser-Ross Eye Institute and Surgicenter of Sycamore, IL is seeking BC/BE physicians as follows: internist or general practitioner to provide int. med. services for patients of private ophthalmology practice/surgicenter. Responsibilities will include pre-op H and P and EKG interpretation. M-F. No nights, no weekends, no call. Anesthesiologist: full-time for ophthalmology ambulatory surgery center. M-F. Daytime hours only. No call. No inpatient responsibility. Ophthalmologists: general, pediatric, glaucoma, cornea, oculoplastic. High patient population. Excellent financial opportunity. Send CV to Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Drive, Sycamore, IL 60178.

Family practice specialist. Rural resort setting in Arkansas, USA, needs additional physician for rapidly growing medical practice. New, state-of-the-art diagnostic equipment at your disposal in cardiology, gastroenterology, gynecology and obstetrics, laboratory, and ultrasound. Physicians who have passed United States FLEX or Canadian LMCC exams, please send curriculum vitae to: Carl Hurd, Administrator, Garst Medical Center, P.O. Drawer 540, Mountain View, AR 72560.

Des Moines, Iowa. Multispecialty P.C. has immediate need for BC/BE physicians in the following specialties: family/general practice, oncology, dermatology, internal medicine, and OB/GYN. Initial financial package with start-up assistance, coverage, and free lease-space is available. Located in metro-area of 400,000, great schools, diverse cultural activities, college/professional sports. Interested physicians reply to Box 2161, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Situations Wanted

General practitioner seeking part time position for practice in north central Illinois. Reply to Box 2155, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Locum coverage available. Board certified licensed radiation oncologist. Reply to Box 2151, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board certified Ob-Gyn: Looking for partnership in Chicago or Illinois. Fellowship in gyn-oncology, family planning and liposuction. Experienced outpatient gyn and laser surgery. Call 312/527-4346 beeper 716-6638, R. Crisostomo, M.D., 300 N. State St. 5135, Chicago, IL 60610.

For Sale, Lease or Rent

Cryomed colposcope #82752 with 35mm camera, brand new. Call (815) 397-6171.

Practices for sale: PSL, as exclusive medical brokers, is the largest California based company specializing in practice sales. Our specialized services include appraisals, financing, and physician recruitment. Ask for our "green sheet" list of available practices or contact us for a confidential consultation. PSL National, Inc., 4122 E. Chapman Ave., Orange, CA 92669. (714) 771-4331 or fax (714) 771-4782.

Arlington Heights, Illinois: General office space available. 475-920 square feet. Ideal space for counseling center, psychiatrist or psychologist. Excellent location at Palatine Highway and Arlington Heights Road. Please call Jean Kulavic at 708/441-8236 for an appointment.

For sale: Q-Med holter monitor system/real time data analysis. Interspec echocardiogram with doppler. Oxford ambulatory blood pressure monitor. All equipment one year old. Minimal use. Excellent condition. 618/244-7824.

Near Sandwich, IL Area: Owner netting $100,000 in this family oriented practice. Located in a professional building. Owner established 8 years. Asking $60,000. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Belleville, IL area urology practice available. Well established. Owner grossing approximately $360,000. Established 20 years. Asking $165,000. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

North Cicero Avenue, Chicago: This general practice is grossing $150,000 plus. Owner seeing 8-10 patients daily. Located in a medical center. Asking $72,000. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Bellwood, IL. Owner wishes to sell this medical clinic which is collecting $50,000 monthly. He would like to stay on as administrator or director. Call Art Smith for details; 708/441-6111.

Beautiful Geneva, IL: Owner is anxious to retire and will sell practice for $95,000. Practice has history of grossing $230,000. This is a family practice, but does not include any OB or surgery. Established over 20 years. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Miscellaneous

Direct-mail marketing for physicians. On-target, personalized campaigns to motivate patients to seek out your practice. Emily MacDonald, Communications Consultant. 708/524-0099. 24-hour answering service.

$5,000-$60,000: For physicians unsecured signature loans. Available for debt consolidation, investments, tuition, relocations, purchase of medical practices or any need including taxes. Level payments up to six years. No prepayment penalty. For application call toll free: 1-800-331-4952, Dept. 114, Medi-Versal.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

1990 CME cruise/conferences on medicolegal issues and selected medical topics—Caribbean, Bermuda, Alaska/Canada, New England, Scandinavia, W. Mediterranean, Europe, Asia, Trans Panama Canal. Approved for 20-28 CME Category I credits (AMA/PRA) and AAFP prescribed credits. Distinguished lecturers. Excellent group fares on finest ships. Pre-scheduled in compliance with IRS requirements. Information: International Conferences, 1290 Weston Road, Suite 316, Ft. Lauderdale, FL 33326; 800/521-0076 or 305/384-6656.

ILLINOIS STATE MEDICAL INTER-INSURANCE EXCHANGE

THE EXCHANGE IS PHYSICIAN OWNED AND OPERATED, SUPPORTED BY A STAFF OF INSURANCE PROFESSIONALS. OUR COMMITMENT TO OUR POLICYHOLDERS ALLOWED US TO STAND FIRM WHEN OTHERS WERE ABANDONING ILLINOIS PHYSICIANS.

Protecting physicians from non-meritorious lawsuits is behind the Exchange's strong commitment to reform medical malpractice laws. Our continuing vigilance is aimed at protecting these hard-won reforms–some of which have been threatened by court challenges.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians

SINCE 1976

COMMITTED

TO THE ILLINOIS PHYSICIAN

ILLINOIS STATE MEDICAL INTER-INSURANCE EXCHANGE

W1 IL417L
V.? NO.2 1990
C.01--------SEQ: SR0063601
TI: ILLINOIS MEDICINE

Regionalization meets rural health care . . . 7

Illinois Medicine

January 19, 1990

ILLINOIS STATE MEDICAL SOCIETY

Naprapath licensure effort sees final defeat

THE U.S. SUPREME Court ended a six-year effort by Illinois naprapaths to obtain state licensure, when it refused December 4 to rehear a suit which had failed in the Illinois Supreme Court. The ruling effectively blocks future rehearing.

"The issue for the Illinois State Medical Society [ISMS] in this case was not really naprapathy, but the validity of the Medical Practice Act," said ISMS general counsel Saul J. Morse. "I'm pleased the courts have upheld the Act's language and that medical practice is something that not only should be licensed, but that the legislature has the power to limit the types of people permitted to hold themselves out as physicians."

"I can't say it comes as a great shock, but we were disappointed," said Timothy Londrigan of Springfield, attorney for plaintiff naprapaths Mary Ann Potts and Irwin Kossack. "Anyone petitioning the U.S. Supreme Court on a writ of *certiorari* [an action asking the Court to determine that the Illinois court had ruled inappropriately] can't hold great expectations it will accept that petition." Londrigan filed the writ in August 1989.

"The Court's action puts us out of business," added Kossack, who practices in Franklin Park. "This was our last effort."

In their suit, plaintiffs charged

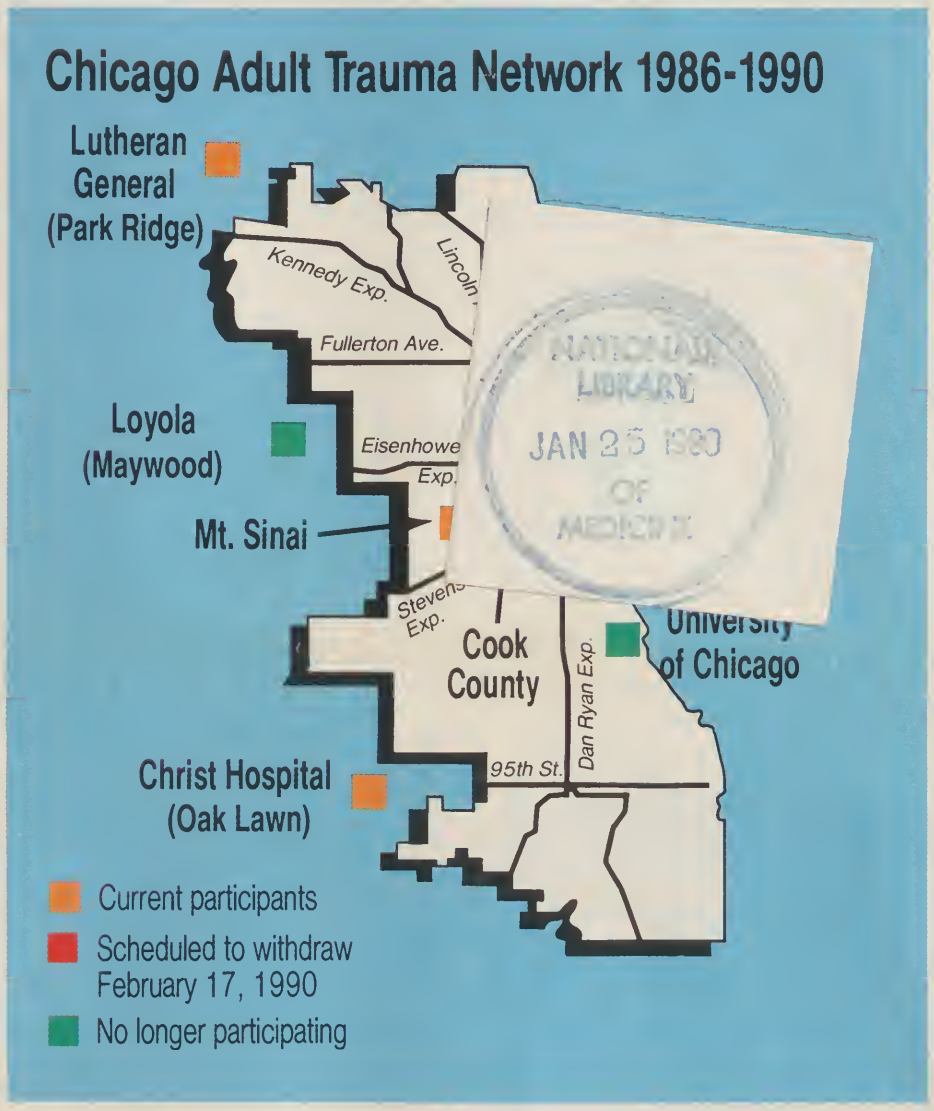
(continued on page 10)



Wm. Daniels/The Photo Partners

The Chicago National College of Naprapathy, the only school of naprapathy in the country.

State Senate defeats trauma plan



by Kevin O'Brien

CHICAGO MAYOR Richard M. Daley endorsed a bill he said would pump more than $39 million into the statewide trauma network in the wake of Michael Reese Hospital and Medical Center's long anticipated announcement that it was leaving the city's system.

But the bill, sponsored by State Sens. Robert Raica (R-Chicago) and Margaret Smith (D-Chicago), was defeated in the Illinois Senate January 11. It would have assessed additional mandatory fines for those convicted of drunk driving, speeding or reckless driving. Under the bill, those convicted of travelling up to 10 miles over the speed limit would be fined $15, those convicted of travelling more than 10 miles over the limit would be fined $35, and those convicted of other serious offenses would receive a $150 fine.

Because every state Medicaid dollar is matched by the federal government, sponsors had hoped the new law would generate more than $39 million to be channeled to a special Medicaid trauma fund administered by the Illinois Dept. of Public Aid (IDPA). IDPA would then reimburse all Illinois trauma center hospitals according to the number of Level I trauma victims treated. Moreover, funds would be transferred from the

(continued on page 9)

CHIP raises enrollment cap

THE BOARD of directors of Illinois' Comprehensive Health Insurance Plan (CHIP) voted December 21 to raise the program's current enrollment cap of 4,000 insureds to 4,500 and to request that the Illinois General Assembly and the governor appropriate $29 million to accommodate a projected 8,500 individuals by the end of fiscal year 1991.

Legislators established the CHIP program in 1987 to provide health insurance for medically high-risk Illinoisans who could not obtain insurance. Policies are available to state residents who are ineligible for Medicaid and can prove that insurance companies have rejected them for coverage due to a pre-existing medical condition. Policies are also available to individuals offered insurance at high rates. As of December 8, 1989, there were 3,686 CHIP-insured individuals.

Approval of the 500 additional enrollees to CHIP came after extensive discussion by the board. "We need some sense of what the General Assembly and the governor's office think about the cost we're incurring by going to these higher numbers,"

(continued on page 10)



Richard Carlson, CHIP executive director

In this issue

Medicare discharge: a clarification 2
Hospitals prepare to implement Medicare discharge law 3
The Canadian model: could it work here? 4
Great moments in Illinois medicine 5
Legal maneuvers jar certificate of merit case 6

NATIONAL LIBRARY OF MEDICINE
8600 ROCKVILLE PIKE
BETHESDA MD 20894

Summit faces difficult issues in coming weeks

by Kevin O'Brien



St. Anne's Hospital on Chicago's west side, which was recently purchased by Bethel New Life, Inc. for $3.2 million.

APART FROM initial criticism of the Chicago and Cook County health care summit's composition, consensus regarding the enormity of the problem and the need to address it has built since the process began last Nov. 24. Yet, the summit's public hearings, and the widening of the county's health care crisis during the first week of January, have significantly raised public expectations. Moreover, the emergence of substantive disagreements on a few crucial issues, and even on the summit process itself, has revealed a difficult task still ahead.

The summit's 39-member policy steering committee held its third meeting January 9 to consider draft "principles" that are to guide the nine-member system design and management committee's development of specific recommendations for restructuring the county's health care delivery system. The summiteers were deliberating, however, in an atmosphere of heightened tension caused by several recent events.

First came Chicago's trauma and emergency room care crisis that sent local politicians scurrying to respond (see related story page 1). Then, four Cook County commissioners, three of them summit members, chose to bypass the summit process when they held a January 2 press conference to demand that the shuttered Provident Hospital on Chicago's south side be immediately conveyed for use as a county hospital satellite. Provident has been in the hands of the U.S. Department of Housing and Urban Development (HUD) since September, 1987, when it defaulted on its mortgage.

Third, on January 3, Ancilla Systems Inc. of Elk Grove Village announced it was selling the 437-bed St. Anne's Hospital on the city's west side to Bethel New Life, Inc., a west side community organization, for $3.2 million. Bethel New Life president Mary Nelson said that, while Bethel plans to turn the 9.2 acre complex into a health care center for the elderly, the greatest need is for a hospital. Nelson then heaped more pressure on the summit by strongly urging the county to lease part of St. Anne's to create a county hospital network that included a new downsized county hospital and Provident. "I am counting on the good sense of the health care summit and the county board in acting upon this, in making this possible this spring," she said.

Principles debated

As the policy steering committee's debate on the principles began, the politics of the situation emerged almost immediately when suburban Republican Cook County Commissioner Mary McDonald objected to a proposal to create an intergovernmental authority to oversee care for the county's poor.

"I think this definitely has to go back to the County Board before I could vote," McDonald said, "you wouldn't want the whole document to go down in flames because of this."

However, Chicago Board of Health President Whitney Addington, M.D. told the summit that in the five public hearings to date, there has been widespread consensus for the creation of such an agency, with many witnesses saying it should have taxing authority.

Illinois State Medical Society (ISMS) Executive Vice President Alexander Lerner, a member of the system design committee, asked that language calling for sanctions of all health care providers who do not agree to participate in the formation of working networks be either deleted or modified to give more flexibility to the system design committee. Some committee members also favored a mechanism to monitor providers who agreed to participate in networks, but did not provide quality care. There was considerable debate, however, about what constitutes a "working network."

Lerner said ISMS favored encouraging, but not mandating, participation in such networks to improve access of medically indigent patients to quality health care, but that the issue might be more effectively addressed in the system design committee. "All I was suggesting was that a mechanism for this be worked out by the system design committee," he said.

Earl Bird, president of the Metropolitan Chicago Healthcare Council, agreed. "I think the fine distinction that we want to make is that we will run into a trap if we force people to do certain things," Bird said, "Once they concur that they want to participate, then they must agree to abide by the rules."

Several summit members questioned inclusion of a proposed principle saying that quality health care is a right of every Illinois citizen when few could guarantee funding to support that right. Others questioned whether the Illinois constitution conferred such a right on Illinois citizens. ▲

Medicare discharge: a clarification

THE JANUARY 5 *Illinois Medicine* reported that "As of January 1, physicians must give Medicare patients 24 hours' written notice of discharge, according to a new amendment to the Illinois Hospital Licensing Act." That statement was not correct, since physicians are not required by the new law to present the notice to patients *in written form.* Physicians, or "any appropriate medical staff member," must notify patients at least 24 hours in advance, of their intent to discharge. Should written notice not take place, physicians are still strongly urged to document in writing for the medical record their notice of discharge to patients. (See story, page 3.)

In addition, the new law reiterates a current Medicare requirement that "At least 24 hours prior to discharge . . . the patient shall receive written information of the patient's right to appeal the discharge . . ." In practice, this means that hospitals will generally be charged with providing Medicare patients with written information on the *appeals process* pursuant to the discharge notice.

Illinois Medicine regrets any confusion which may have resulted from our story. ▲

Physician facts

Counties with Highest Rates of Births to Teen Mothers in 1988*



County	Percent of Live Births
Pulaski:	33%
Hardin:	23%
Greene:	23%
Alexander:	22%
Saline:	21%
St. Clair:	20%
Gallatin:	20%
City of Chicago: (in Cook Co.)	19%
Franklin:	18%
Kankakee:	18%
Jasper:	18%

*Live births to teenagers under 20 years of age
Source of data: Illinois Department of Public Health Division of Family Health, Illinois Vital Statistics, 1989.

ISMS Annual Meeting to be held April 6; Resolutions deadline March 6

THE ISMS HOUSE of Delegates' annual meeting will convene Friday through Sunday, April 6-8, at the Westin O'Hare Hotel, Rosemont. Resolutions for the House of Delegates must be *received* in the ISMS offices by March 6, 1990. Those received after that date will be considered late resolutions and require special action for possible consideration. ▲

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

Medicare 24-hour notice in effect; medical staffs should approve procedures

THE ILLINOIS law requiring 24 hours' notice to Medicare patients of intent to discharge went into effect January 1, and hospitals are now faced with the task of developing procedures to accommodate its various provisions.

While actual notice of intent to discharge may be delivered orally to patients by the attending physician or another qualified medical staff member (see clarification, page 2), the law also requires that hospitals provide written notice to Medicare patients of the options available for appealing a discharge decision. This notice is already usually given to Medicare patients upon admission and is entitled "Your Rights While You Are a Medicare Hospital Patient."

In the coming months, as hospitals develop and implement their policies in this area, observers are noting the importance of medical staff involvement in the process.

"It is crucial for physicians to be involved in their hospitals' development of notification procedures for intent to discharge Medicare patients," said Eugene P. Johnson, M.D., Illinois State Medical Society (ISMS) president. "This is an opportunity for physicians to participate in a process which will affect them a great deal," he added.

IHA: hospitals should seek medical staff approval of notice

"I believe Illinois hospitals are almost all in compliance now," said Nancy Krier, Illinois Hospital Association (IHA) assistant vice-president. "It's just a matter of putting together a procedure, and most of them have already done that.

"The sense I've gotten—and I've had over 160 phone calls on this—is that medical staffs have been very involved in this process," Krier continued. "Many of the calls we've received have been from physicians."

In a November 3 memorandum, Krier informed the association's 213 member hospitals of the need to develop and implement discharge procedures. She urged member hospitals to "adopt a written procedure, *to be approved by the medical staff,* [emphasis added] which mandates that physicians give patients at least a 24-hour notice of discharge. The notice should be in writing," Krier urged (though the law itself does not require this step be taken). Hospitals should "develop a form that states that the patient may be discharged provided his/her condition is stable, etc. The form should be signed by the physician with a place for the date and time and signed by the patient (i.e., you should have confirmation from the patient and put it in the medical reccord)."

In the memo, Krier stressed that "Physicians should be instructed to err on the side of too much notice (i.e., anticipate discharge a few days ahead rather than the night before). Also," she added, "they will need to carefully document why the patient cannot go home at time of notification."

"It appears the intent of this act," said John Lumpkin, M.D., associate director of the office of health care regulation at the Illinois Department of Public Health (IDPH), "is to facilitate the discharge process, and not to place an overwhelming burden upon physicians in providing notice. This notice," he says, "may be provided in the form determined by a hospital's policies and procedures." ▲

The text of the law:

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 1. Section 6.09 is added to the "Hospital Licensing Act," approved July 1, 1953, as amended, the added Section to read as follows:

(Ch. 111 1/2, new par. 147.09)

Sec. 6.09. (a) In order to facilitate the orderly transition of aged and disabled patients from hospitals to post-hospital care, whenever a patient who qualifies for the federal Medicare program is hospitalized, the patient shall be notified of discharge at least 24 hours prior to discharge from the hospital.

(b) Every hospital shall develop procedures for a physician with medical staff privileges at the hospital or any appropriate medical staff member to provide the discharge notice prescribed in subsection (a) of this Section. The procedure may also include a waiver for any case in which a discharge notice is not feasible due to a short length of stay in the hospital by the patient or for any case in which the patient voluntarily desires to leave the hospital before the expiration of the 24-hour period.

(c) At least 24 hours prior to discharge from the hospital, the patient shall receive written information on the patient's right to appeal the discharge pursuant to the federal Medicare program including the steps to follow to appeal the discharge and the appropriate telephone number to call in case the patient intends to appeal the discharge. ▲

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

MEDICARE'S IMPLEMENTATION OF PERFORMING PHYSICIAN REQUIREMENT

Dear Provider,

The Consolidated Omnibus Budget Reconciliation Act of 1985 mandated the identification of the physician performing each service on a Medicare claim. This mandate is effective for services on and after July, 1989.

For physicians in group practices that bill under the group's name and the group's number, a Physician Identification Number (PIN) has been issued for each physician member on record with the carrier. The group indicates the performing physician by the carrier. The group indicates the performing physician by listing the PIN in field 24-H of the HCFA-1500 claim form.

Each line of physician service on the claim must show the PIN of the performing physician. If the same physician performed all the physician services on the claim, field 24H should show the PIN of the performing physician on the first line of the physician's service. The second and subsequent lines should list the physician's PIN, or ditto marks ("), or the statement "Same physician performed all services." Field 24-H need not be completed if a charge ticket is attached to the claim properly identifying the PIN of the performing physician.

The group name, address, telephone number, and group provider number must continue to be listed in field 31 of the HCFA-1500 claim form.

A PIN is not assigned to a physician in solo practice or to a physician group member who bills under his or her own provider number. The Medicare assigned provider number specifically identifies these physicians. These physicians should continue to list their name, address, telephone number and provider number in field 31 of the HCFA-1500 claim form.

Status of Ordering/Referring Physician Requirement (Information only)

Compliance with this requirement of PIN's for ordering/referring physicians has been extended until the technical issues surrounding the requirement are resolved. These include such issues as claims involving multiple referring/ordering physicians, services ordered by out-of-state physicians or residents and interns, and the criteria to be used for identifying claims which require this information.

Once these issues are resolved, a 60-day advance notice will be provided and assigned claims will be processed as incomplete denials if the information is not on the claim.

Additional information relating to this issue will be published when the carrier receives further instructions from Health Care Financing Administration (HCFA).

Use of Unique Physician Identification Numbers (UPIN)

In accordance with instructions from Health Care Financing Administration (HCFA), a personal and confidential letter was mailed to each physician regarding the Unique Physician Identification Number (UPIN). Physicians were advised that the UPIN was not to be used on the Medicare billing forms.

There has been some confusion between the UPIN and the PIN and the use of UPINs to identify ordering/referring physicians on claim forms in place of Medicare billing numbers. Although carriers are required to issue UPINs to all physicians, the UPIN cannot be used on claim forms until further notice. At present, the Privacy Act does not allow disclosure of the UPINs. HCFA is currently working with the Privacy Act Officer to amend several System of Records to add this to the list of routine uses of the UPIN. Until these changes can be published in the Federal Register, UPINs cannot be used on claim forms and cannot be released by carriers to third parties.

If you have questions about any of these requirements, please contact Medicare B Professional Relations at (312) 938-7923.

(This report is a service to the physicians of Illinois)
1/19/90

Editorials

Supreme Court naprapath ruling: timely and needed

The December 4 ruling by the United States Supreme Court denying an appeal by Chicago naprapaths for naprapath inclusion in the Illinois Medical Practice Act of 1987 was an important and long-awaited one.

The U.S. Supreme Court's decision let stand an Illinois Supreme Court decision earlier. The state's high court had ruled that only those graduating from a chiropractic college were eligible for limited licensure. The Illinois State Medical Society amicus brief in the case had argued the right of the Illinois General Assembly to choose to exclude naprapaths; in other words, naprapaths should not expect automatic inclusion under the Act.

There is an important consumer protection implied in the Illinois Supreme Court's ruling, in that individuals who fail to meet the statutory qualifications cannot take advantage of Illinois patients by holding themselves out as qualified to provide medical care. Accordingly, the U.S. Supreme Court's decision should be viewed as a victory for Illinois patients.

Certificate of merit: still meritorious, still crucial

The certificate of merit law now under consideration by the Illinois Supreme Court has been wending its way through a torturous legal maze, and a part of that path still lies ahead. Since its adoption in 1985 as part of Illinois State Medical Society-supported comprehensive medical malpractice reform, the certificate has been challenged politically and legally.

ISMS remains committed to the certificate as a tool for minimizing what had been a steadily cresting wave of malpractice litigation. The fate of a law so critical to the public interest, and so needed by practicing physicians, should not hang on the outcome of legal maneuvering. We hope the court, as it adjudicates this case, realizes the crucial importance of the certificate for Illinois physicians and patients. ▲

Illinois Medicine

VOLUME 2, NUMBER 2 **JANUARY 19, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
Eugene P. Johnson, M.D., *President*
Harold L. Jensen, M.D., *Chairman of the Board*

***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Suzanne W. Nelson, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



Guest Editorial

The Canadian model: could it work here?



by William E. Goodman, M.D.

The December 8 Illinois Medicine *carried excerpts from a speech by Hugh Scully, M.D., of the Canadian Medical Association, to the Illinois State Medical Society All-Member Conference in November, regarding Canada's health care system. Below is a different view of the Canadian system.*

Because I acquired an honors degree in economics and political science before studying medicine, the first issue that came to my mind was whether it is constitutionally *possible* for the U.S. governments (state and/or federal) to institute (legally) a Canadian-style system.

From what I know of your constitutional setup, I believe it would be much more difficult, in legal terms, for your government to impose its will on a reluctant State, reluctant public, or reluctant profession.

Even if a Canadian-style model is constitutionally possible here, a second question arises: Would your doctors, your hospitals, your diagnostic laboratories, your insurance companies, your employers, and, most of all, your patients be prepared to pay the enormous cost involved? A recent U.S. public opinion poll showed that, although a majority of Americans would love access to such a Canadian-patterned system, only a very small minority were prepared to pay even $50 more a year. (So much for the validity of polls.)

And the cost is not measured solely in dollars. Much more important costs are a lack of access to health care personnel, institutions, diagnostic and therapeutic facilities; waits for essential services and surgery that run into years; and what I regret to have to refer to as the "lowest-common-denominator" quality of medical care.

An open-ended scheme with closed-end funding

Apart from any political philosophy that you may espouse, be it free-enterprise or welfare-state, it's essential to realize that the basic and unalterable flaw in any system like the Canadian model is that, in economic terms, it is an open-ended scheme with closed-end funding. In other words, the potential demands are completely unrestricted, but the money to pay for them is not.

This is a generic problem, not confined to any one country or system of government. Its end result, no matter where practiced or how implemented, is always bankruptcy—unless major (painful and politically very unpopular) changes are instituted in time, to the chagrin, disappointment, and detriment of the sick.

Let me give you the short answer to the question posed in the title of this address. If you define "Could the Canadian model work here?" to mean "Would it improve quality and accessibility of health care for a majority of Americans?" my answer is "Yes—but only temporarily." Your citizens, like ours, will experience only briefly the medical Utopia that they have been promised, and at an enormous and eventually unbearable cost. Given your government's already astronomical deficits, I would guess that the time before imminent financial collapse would be much shorter than in Canada—perhaps five years.

The crux of the problem in any national health insurance program like the Canadian one is the large and ever-increasing gap between politicians' extravagant promises, public expectations arising from those promises, and cruel financial reality. The reality, sad as it may seem, is that not even you, the richest country in the world, can afford everything for everybody for very long. ▲

Dr. Goodman is a Toronto otolaryngologist, formerly chief of the section of otolaryngology at Toronto's North York Branson Hospital. He is a former assistant professor of otolaryngology at the University of Toronto. Dr. Goodman has authored many articles on national health insurance in Canada and abroad. ▲

Great moments in Illinois medicine

ILLINOIS STATE MEDICAL SOCIETY · FOUNDED 1840 · 1 5 0

Dr. Drake sniffs out health on the prairie

THE PIONEERS of the American West were excessively fond of alcohol, according to Daniel Drake, M.D., the celebrated physician who traveled throughout Illinois and the Midwest during the late 1840s. Intemperance, Dr. Drake believed, caused a multitude of ailments, not the least of which was spontaneous combustion.

"Bodies of corpulent inebriates," Dr. Drake wrote, "when asleep, have, in several instances, taken fire, by the accidental contact of a burning coal or candle, and all soft parts have been reduced to ashes, or driven off in clouds of thick smoke."

But bursting into flames was perhaps the least of the pioneers' worries. Cholera, pneumonia, influenza, and, especially, fever and "the ague" took the lives of countless frontiersmen and women. These and many other illnesses are chronicled in Dr. Drake's formidably titled 1850 survey, *A Systematic Treatise: Historical, Etiological, and Practical, on the Principal Diseases of the Interior Valley of North America*. The book is the only comprehensive physician account of the bleak state of pioneer health. Dr. Drake ended nearly all his accounts with such statements as "autumnal fever prevails annually" and "all the forms of autumnal fever appear in this place." It was not yet known that these "fevers" were carried by hordes of aggressive mosquitoes from the swampy plains. Most settlers attributed origin of "the ague" to "putrid exhalations" and "noxious effluvia" from stagnant waters.

Dr. Drake wrote that the pioneers ate too much—and too rapidly. Their diet was heavily weighted toward meat and bread, with the latter including colorful variations such as hot cake, hoe cake, johnny cake, waffle cake, and dodger cake. Water was so bad that a young woman who drank a tumbler of water with half an inch of sediment at the bottom is said to have declared the water "insipid." "It has been standing too long," she said. "I like it right thick." The chambermaid was then sent for some fresh water from the river "with the true Mississippi relish."

By all accounts, the personal health habits of the pioneers were minimal. A traveler in Indiana and Illinois wrote that "Soap is no where to be seen in any of the taverns, east or west. Hence dirty hands, heads and faces every where." Dr. Drake said simply, "An overwhelming majority of our population seldom bathe at all."

The fact that the Midwest was settled by men and women whose lives were imperiled by disease, yet who nevertheless often lived to a ripe old age—is testimony to the strength of the pioneer spirit. And among the most noteworthy of the lot was Dr. Drake, who documented that era in all its glory and squalor, for future generations. ▲



Dr. Drake's regional malaria map.

FROM THE ILLINOIS NEWS DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

The physician and surgeon license of Jong Lak Jin, 2926 W. Berwyn, Chicago, was issued on eighteen (18) months' probation after he did acts which could constitute the unlicensed practice of medicine.

The physician and surgeon license of Remeo L. Uy, 9554 Tripp Ave., Skokie, was issued and placed on seven (7) months' probation after he did acts which could constitute the unlicensed practice of medicine.

The physician and surgeon license of Niranjana D. Shah, 3025 Parkside Dr., Highland Park, was issued and placed on two (2) months' probation after he did acts which could constitute the unlicensed practice of medicine.

The physician and surgeon license of Rogelio F. Arcuino, Hardin County Hospital, Rosiclare, was placed on probation for two (2) years after he performed a surgical procedure without consulting an orthopedic surgeon when the procedure was beyond his skill and capabilities.

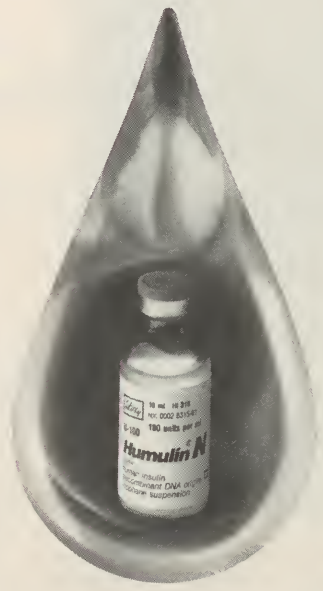
For treatment of diabetes:

Introducing Humulin® 70/30
70% human insulin isophane suspension
30% human insulin injection
(recombinant DNA origin)

REPLACE
Human Insulin



With Human Insulin



Humulin® human insulin (recombinant DNA origin)

Any change of insulin should be made cautiously and only under medical supervision.

Lilly Leadership In Diabetes Care

© 1989, ELI LILLY AND COMPANY HI-2914-B 949334

Legal maneuvers complicate certificate of merit case

THE PLAINTIFF in the certificate of merit case now before the Illinois Supreme Court has been granted permission to change attorneys, after a tangle of legal maneuvering that threatened to delay the progress of the case, a pivotal one for physicians in the state.

Guadalupe DeLuna, the plaintiff in *DeLuna v. St. Elizabeth's Hospital and Michael Treister, M.D.*, was granted his motion for substitution December 22, 12 weeks after the state's high court agreed to hear the case.

The constitutional issues in *DeLuna* center on a law applying to all Illinois medical malpractice cases. It requires the plaintiff's attorney in a malpractice action to file a physician's report stating there is reasonable and meritorious cause for filing suit. An affidavit attesting to the physician consultation must accompany the physician's report; failure to file the report and affidavit results in dismissal of the case.

Passed in 1985 as part of Illinois State Medical Society (ISMS)-backed comprehensive medical malpractice



Joe Hindley

reform legislation, the requirement is credited with the large decline in lawsuit filings following its enactment.

In *DeLuna,* the plaintiff filed suit without a certificate of merit, and the trial court dismissed the case. On appeal by plaintiff, the appellate court reversed the trial court's decision. The state's high court is now faced with resolving the issue.

Plaintiff changes lawyers

Following a period of non-contact with Barbara J. Clinite, his original trial attorney, DeLuna requested that Clinite be removed from the case and be replaced by Michael W. Rathsack, a plaintiff's attorney specializing in personal injury appeals. Clinite battled unsuccessfully to prevent the substitution, charging in her objection papers that Mr. Rathsack's membership in the Illinois Trial Lawyers Association (ITLA) compromised his ability to challenge the certificate of merit concept, since ITLA has not worked vigorously against the statute. She also charged that DeLuna did not understand the motion for substitution document he signed, as it was in English, which he neither speaks nor understands well.

But Supreme Court Justice William G. Clark asked DeLuna directly on December 22 whom he wanted to represent him. When DeLuna indicated Rathsack, the judge ruled the substitution valid. Clinite has said she will file an *amicus curiae* brief in the case.

"I was given leave to file my brief as an amicus, and I will be filing the same brief that I would have filed on behalf of Mr. DeLuna before the substitution," said Clinite. "That way he'll have the benefit of the same arguments he would have had under my representation.

"My main concern in the Supreme Court," Clinite asserted, "was that an attorney not a member of ITLA might have made stronger or other arguments than would have an attorney who is a member of ITLA." Clinite's earlier experience in this area includes work as plaintiff's trial counsel in *Bernier v. Burris, et al,* the 1986 case in which the Illinois Supreme Court upheld the constitutionality of four of five challenged sections of the law, and struck down one.

"As to my ITLA membership," responded Rathsack, "that would have nothing to do with my position on the appeal. Of course," he added, "I'm glad the case will get the benefit of as many briefs as it can get, because it's an important case.

Explaining the attorney substitution at this stage in the case's progress, Rathsack stated, "I think there were just a number of misunderstandings, and the only way to clarify it was to get everybody together at the same spot."

Move made to strike portion of brief

Clinite had also filed a motion, adopted by Rathsack, to strike part of the defendant's brief as irrelevant.

"What was filed with [defense attorney Ruth E. Van Demark's] brief," said Rathsack, "was the 1985 Report of the Task Force on Medical Malpractice [a committee appointed by Governor James R. Thompson], a lengthy report which included claim information, and was not a part of the original court record. The court," Rathsack added, "took this motion under advisement."

The court also took under advisement defense objections to the motion to strike. "The fact is," defense counsel Van Demark responded, "my argument is that [the material objected to by Clinite] is a matter of public record, and the legislative debates indicate the legislature was considering the task force report" as outlining some options for action in this area.

Though she refused to comment on the plaintiff attorney substitution issue, Van Demark did affirm the importance of winning *DeLuna.* "It's a very significant case," asserted Van Demark, a partner in the Chicago defense firm of Wildman, Harrold, Allen & Dixon and head of the firm's appellate practice group. "If the appellate decision is upheld, we're really back to square one in terms of containing frivolous lawsuits. Lawsuits are being filed in Cook County now without certificates of merit, since the appellate court's decision."

"We have made no formal recommendation to our members" regarding whether to file a certificate of merit with new malpractice cases, said C. E. Heiligenstein, president of ITLA. "The only statement we have made was that we were not going to join with ISMS in filing an amicus."

Saul J. Morse, ISMS general counsel, declined comment on developments in the case, because of his involvement in preparing ISMS' amicus brief supporting the certificate's constitutionality.

Fred Z. White, M.D. president of the Illinois State Medical Inter-Insurance Exchange (ISMIE), the physician-owned malpractice insurance company related to ISMS, said, "We at ISMIE are monitoring developments in this case. We continue to feel this is of critical importance to physicians. The implementation of the certificate of merit law has triggered a steep decline in the number of medical malpractice cases filed. We'd hate to see that undone."

Previously, ISMS had asked both ITLA and the Illinois State Bar Association (ISBA) to join in filing an amicus brief in support of the certificate of merit. Both declined, even though ITLA had proposed the original concept of the certificate. ITLA withdrew its support from the proposal by the time it became law in 1985, as the bill had evolved significantly in the legislative process. ISBA has never taken an official stand on the proposal. ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

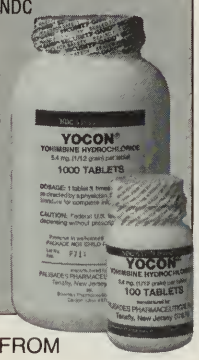
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE EXCLUSIVELY FROM

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Part five in a series

Regionalization puts a new slant on rural health care delivery

by Mary Delach Leonard

ACROSS ILLINOIS, medical care providers are examining regional approaches to rural health care delivery, following a nationwide trend that public health experts predict will continue through the 1990s.

"Local communities themselves are going to have to band together and serve the needs of a larger region; we're going to have to regionalize services a bit more," says Ray Robertson, assistant dean for regional medical programs at the Southern Illinois University School of Medicine in Carbondale.

In Cairo, groundbreaking for a mega-primary care center is planned for January or February. The center will offer ambulatory surgical treatment and comprehensive primary care to help fill the void left when Southern Medical Center closed in 1986.

In La Harpe, a community of 1,500 in Hancock County, a rural primary care center is being phased in to replace the 15-bed La Harpe Hospital (the smallest in the state), which closed its doors in December. The new center will have one or two physicians, a laboratory and x-ray facilities. Ambulance service will transport patients to the three hospitals within a 25-mile radius of La Harpe for emergency care.

In Massac County, Massac Memorial Hospital in Metropolis is establishing rural primary care centers to serve a surrounding four-county region at the southern tip of the state.



The fifteen-bed La Harpe Hospital in rural Hancock County closed its doors in December.

New delivery systems will need to address local needs

"I think we're going to see alternatives to our present primary care system, says Al Grant, who directs the center for rural health at the Illinois Department of Public Health (IDPH). "I think we'll see more regionalization, and some centralization of services as well. I think we'll also see rural hospitals diversify."

Grant points to the Metropolis primary care center system as typical of an emerging future trend, in which larger cities will reach out to provide service to adjacent communities. Such arrangements, he believes, can also help in recruiting physicians wary of the isolation of rural practice.

But Grant stresses that such plans have to take into account the makeup of individual communities.

"The problem with just making a rule of thumb is that the system will vary from county to county and in some cases within a county, because the needs are not the same," he says.

Robertson, who headed the state task force on Cairo, says the mega-primary care center concept, along with a coordinated medical transport system, can be tailored to fit different communities.

"I think this concept will work in those areas that cannot support a hospital on a full-time basis. You have to have a linkage with a hospital in the area so that if a patient does come in and needs to be transferred, the transportation system is in place."

Grant believes the mega-primary care center in Metropolis will start to serve the needs of Cairo residents, but doesn't consider it an ultimate solution. He says residents are anxious about the fact that the new clinic will not initially provide round-the-clock emergency care.

Options being considered include expanded clinic hours, including some evening hours, and upgrading the ambulance system.

"With that 'mix and match,' we might come a little bit closer to helping the community deal with the loss of the emergency room at the hospital," Grant says.

Distances are a major concern

Rural physicians are cautious about the regionalization trend, especially as it relates to emergency care.

"It's going to hurt the farmers who suddenly will have to travel—instead of eight miles—28 miles further for dad when he has a heart attack or when somebody has a catastrophic injury. It will mean lives," says Lawrence P. Jennings, M.D., an internist in Mt. Carmel.

Dr. Jennings believes that while some services can be centralized, distance must be considered.

"There comes a point at which the distance becomes such a problem that you've got to have a closer facility," he says.

Merle H. Muller, M.D., a family practitioner in Fairfield, fears that regionalization will result in poorer services for people in rural areas.

"You're going to have more problems getting quality health care for people who are a long way from that central area," he says.

George T. Mitchell, M.D., a family practitioner in Marshall, says communities facing a shortage of physicians might look instead at establishing medical centers where rural doctors can share facilities, resources and expertise. Mitchell points to the success of the medical centers in Clark County, which were opened during the early 1970s, when the area faced a physician shortage.

"In Illinois, we've got a problem of making good medical care accessible to the population without making them travel long distances to get it. These people need doctors," he says. ▲

VACATION SEMINARS

— Fully Accredited —

Medical Malpractice
"Damage Control" and
AIDS: An Overview
(Satisfies Relicensure Requirements)

2-5 Day Programs
Offered WEEKLY At:

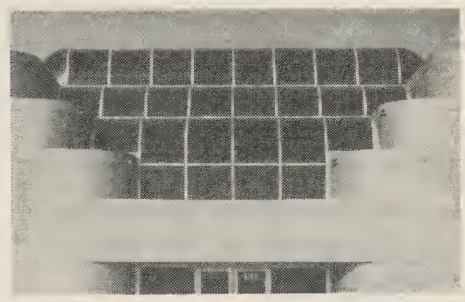
4 CLUB MED VILLAGES
(Dom. Rep., FL, Mex., Nassau)
DISNEY WORLD*, CRESTED BUTTE (CO)
LAKE PLACID, LAKE TAHOE
MIAMI BEACH, N. CONWAY (NH)
PHOENIX, POCONO MTS. (PA)
SAN DIEGO, STEAMBOAT SPRINGS (CO),
& a DUDE RANCH (AR)
*3 & 4 day Bahamas Cruises
offered (special rate)

Registration fee: $125-225
(8-20 hours CME)
Spouse Free

Presented by:
CURRENT CONCEPT SEMINARS
America's Largest Independent
Producer of CME Programs
5700 Stirling Road, Hollywood, FL 33021
(305) 966-1009 · (800) 969-1009

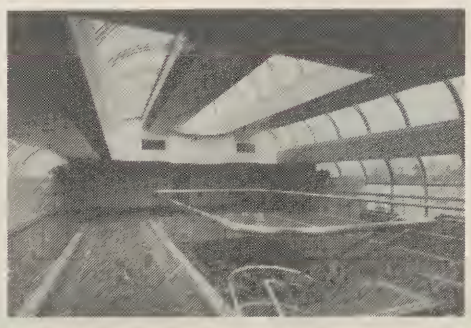
Upgrade your professional image

Practice medicine in the serene yet hi-tech 1700 Medical Surgical Centre where ambience and style blend with the amenities required for your patients.



Your patients live here

Centrally located in Arlington Heights, this architectural treasure offers handicapped accessibility, ample parking and a skylit interior atrium. Within the Northwest suburbs are newcomers comprising executives and their families who wish to receive medical services in an opulent setting. Other potential patients comprise affluent career people and retired seniors who can afford the caliber of services you deliver.



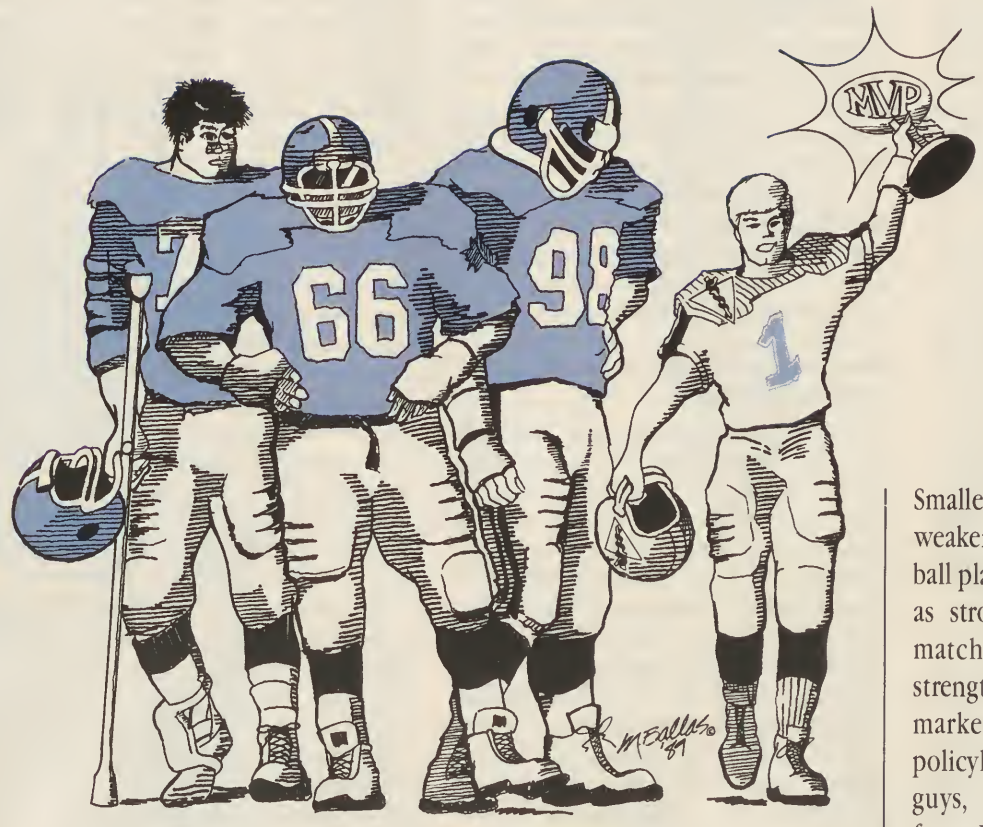
Prime location

Just minutes from the Northwest tollway, Woodfield, or Route 53, location is a key consideration for 1700 Medical Surgical Center. Not only can your patients reach you, but you can also accommodate patients needing the services of nearby hospitals.

There's more . . . call 708-398-3855. Today is your future.

Last year the average lineman in pro football was 6′-6″ tall and weighed 275 lbs. The *leading scorer* was only 6 ft., 200 lbs.

The Moral: **Size isn't everything.**



Whether it's football or malpractice insurance, leadership has little to do with size. You don't have to be the biggest person on the field to dictate the course of the game or lead the league.

For years, the Illinois professional liability insurance market has been dominated by the "big guys," and there is no question that the major companies have played an important role. But lately, new leadership in the professional liability insurance arena has come from a smaller player: Associated Physicians Insurance Company.

And now, APIC takes the lead again . . .

Recognizing and acting upon improvements in the medical malpractice environment in **DuPage, Kane, Lake, McHenry** and **Vermilion Counties,** APIC has placed these five counties into a new Territory IV. As a result, beginning January 1, 1990, APIC will offer Territory IV physicians premiums that are 10% less than those for physicians in Territory I. This new five-county territory will also benefit from a **statewide rate decrease** that averages 10.5% less than APIC's 1989 premiums.

A new risk territory . . . a statewide decrease in rates . . . that's real leadership. But with APIC, leadership is nothing new . . .

. . . While the big companies were either refusing new physicians' business, or were restricting coverage terms, APIC offered "prior acts" coverage to qualified individual physicians, allowing them to avoid purchasing costly "tail" coverage.

. . . APIC's Partnership Program for Risk Management is breaking new ground in hospital/medical staff cooperation by providing substantial premium savings to policyholders for joint risk management and claim management activities.

. . . APIC took the lead with regard to newly-in-practice physicians by offering them the best discount and terms in the state.

One more point about leadership and size . . .

Smaller doesn't necessarily mean weaker. Just as many smaller football players are "pound-for-pound" as strong as their linemen, we'll match APIC's relative financial strength against any company in the marketplace. APIC's surplus per policyholder is as large as the big guys, and reinsurance protection from Lloyd's of London helps to keep it that way.

So the next time you review your professional liability insurance, consider a quotation from the company that *earns* its leadership position by being better, not bigger . . . Associated Physicians Insurance Company.

Professional Management by
The Hardy Group, Inc.
Underwriting Office:
233 N. Michigan Avenue
Suite 1708
Chicago, IL 60601
(312) 938-3900

Administration and Claims Office:
2300 N. Barrington Road
Suite 200
Hoffman Estates, IL 60195
(708) 310-9900

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Trauma

(continued from page 1)

state treasury into the IDPA fund each month to speed up reimbursement.

Sen. Raica had said the bill could pass during the two-day opening of the legislature's spring session on January 10 and 11, but, it instead fell five votes short. However, leaders said it could be revived in March.

In addition, Illinois Department of Public Health (IDPH) Director Bernard Turnock, M.D., criticized addressing the trauma crisis outside of the ongoing summit process without first looking at all options (see related story page 2). "I think that's the history of health care decision-making. We don't look at the big picture, we don't look at the underlying problems that need to be addressed, and we keep throwing band-aids on a gushing wound."

Chicago's trauma crisis began last month when Michael Reese informed the Chicago Department of Health (CDH) that it was leaving the city's trauma system on February 17. The move leaves Christ Hospital and Medical Center (in suburban Oak Lawn) as the only trauma center serving the city's south side, and increases pressure on that facility's already overburdened trauma operation.

Michael Reese is the fourth institution to leave the city's trauma network since June, 1986, when the network was established. The University of Chicago Hospitals and Weiss Memorial left in 1988, and Loyola University Medical Center left October 1, 1989.

Reese loses $20 million

"Our projected loss of over $2 million for this fiscal year as a result of our continued participation in the Trauma Center network, clearly illustrates why any decision other than withdrawal from the network would be fiscally irresponsible," Michael Reese President Henry Nadler, M.D. said in a December 20, 1989 letter to CDH Acting Commissioner Richard Krieg, Ph.D. Dr. Nadler said he would be willing to discuss renewed participation if new funding is found.

The action came as no surprise to knowledgeable observers. On November 10, 1988, Dr. Nadler announced that Michael Reese would leave the system, but reversed the decision before the self-imposed March 15, 1989 deadline. As that deadline neared, Michael Reese found itself embroiled in a controversial attempt to become the primary teaching hospital of the University of Illinois Medical School.

The affiliation plan was later blocked by the Illinois General Assembly, but not before an Illinois Department of Public Health (IDPH) report stipulated that one condition for approving the affiliation should be that Michael Reese remain in the trauma network. Michael Reese and the university eventually affected a modified affiliation, but the hospital was no longer bound by the report's condition.

Pressure on Christ Hospital

"The decision of Michael Reese to pull out of the trauma network places tremendous pressure on the Christ Hospital and Medical Center," William Colwell, communications vice president of Evangelical Health Systems (which owns Christ Hospital) told *Illinois Medicine* December 29. He said Christ Hospital and the trauma network were already discussing ways to reduce the hospital's trauma patient volume.

He said that in 1989 Christ Hospital cared for 1,406 Level I patients, up about 150 percent from the 582 patients the hospital cared for in 1987. As opposed to Illinois' two-tiered system, Chicago's trauma system currently restricts its trauma designation to Level I trauma patients, which are considered the most seriously ill or injured.

Colwell said that, unlike other hospitals that have dropped out because of inadequate reimbursement, Christ Hospital's main concern is the capacity problem. "If we can't reduce our load, [dropping out] would have to be something to take into consideration, but it is something that we would hope not to do."

Dr. Krieg said he will propose a "regionalized" system by which the city's south side would be divided into three sectors to be served by Cook County Hospital, Christ Hospital, and Mt. Sinai Hospital and Medical Center. In addition, he will propose that a new designation, Level IA, be applied to backup hospitals who would take trauma patients if one of the Level I trauma centers fills to capacity and temporarily stops receiving patients.

Under the regional plan, patients would be taken to the trauma center in that sector, instead of the closest center as is now the case. However, if the physician monitoring the case via telemetry communication with the paramedics determines the patient cannot be stabilized, the patient will be taken to the nearest center regardless of what sector it is in.

Dr. Krieg said the city's trauma steering committee will still continue to examine other alternatives to fund the estimated $10 million gap in Chicago's system. Those alternatives include 15 to 20 different user fees, such as surcharges on motor vehicle registrations and alcohol taxes.

Chicago Medical Society President Ulrich Danckers, M.D. said he applauds Daley's action because there is a "great sense of urgency to find a short-term solution to the trauma crisis." But, Dr. Danckers cautioned against addressing the problem separately from the other health care delivery problems facing Cook County. "The long-term solution to the trauma service crisis should be part of the discussion and planning of the health care summit," he said. ▲

The Simple Pleasures

Remember when every major medical plan was like this . . .

NO PRE-APPROVALS

"No pre-approvals," the doctor said. The doctor just as easily could have declared that they were free to go to their favorite doctor *and* the trusty local hospital, with no questions asked. "We also enjoy fast, friendly claims service," added the office manager. "And the PBT's representatives always make me feel like they're on my side." It's not always this easy to find life's simple pleasures . . . great personal service . . . experienced staff used to meeting the needs of physicians and group practices . . . outstanding coverage options . . . and best of all—low group rates. However, it's what you would expect from your medical society's own program. After all, it's just what the doctors ordered!

CHOOSE YOUR OWN DOCTOR & HOSPITAL

FAST FRIENDLY CLAIMS SERVICE

If you're looking for the simple pleasures of a worry-free Office Benefits Program for your practice, you'll love the PBT. Enjoy our Major Medical Plan and your choice of Dental, Life, Disability and Dependent Life coverages.

For information, call toll free: (800) 621-0748. Or call (312) 559-9130 or mail coupon.

Please send information about the Office Benefits Program.

Coverage Includes:
☑ Major Medical

Options:
☐ Dental
☐ Life
☐ Disability
☐ Dependent Life

Office Manager/Contact Person: _____
Practice Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Total Number of Physicians & Staff: _____

ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

CHIP *(continued from page 1)*

said Howard Bolnick, an actuary and CHIP board member, and president of Celtic Life Insurance Company in Chicago. "By being prudent, raising the cap to only 4,500 this time, we're making people aware of the potential costs we're getting into."

Richard W. Carlson, CHIP executive director, applauded the action. "The board is very concerned that it not over-obligate the state's elected officials who have to make the decision on how much money is necessary to support this program. As we go forward each month and enroll more people, we'll have more information to see if we can afford to make the next incremental step.

"Things seem to be running smoothly because of the prudence of the board," he added. "It's well funded, and although CHIP is a public insurance program, I think people can rely on this just as any other private insurance."

Bolnick said the board will raise the CHIP enrollment cap every two months by 500 or 1,000 insureds. If the current rate of 300 additional enrollees per month keeps up, he estimated there will be 8,500 by the end of fiscal 1991, which will require an inevitable increase in funding for fiscal 1992. ▲

ISMS PHYSICIAN HELP LINE 312-580-2499.

The PHYSICIAN HELP LINE is a confidential, physician-directed advocacy service, linking mentally or physically impaired physicians and their families with helpful resources. Call the PHYSICIAN HELP LINE, when someone you know needs help. 312-580-2499. ▲

Naprapaths *(continued from page 1)*

that the 1987 Act discriminates against naprapaths and threatens the profession of naprapathy.

Dorland's Illustrated Medical Dictionary defines naprapathy as "a system of therapy employing manipulation of connective tissue (ligaments, muscles and joints) and dietary measures, said to facilitate the recuperative and regenerative processes of the body."

ISMS policy states, "It is the position of ISMS that sick people should receive appropriate care under the direction and supervision of a physician licensed to practice medicine in all its branches."

According to the Act, "No person shall practice medicine, or any of its branches, or treat human ailments without the use of drugs and without operative surgery, without a valid, existing license to do so."

The Illinois Supreme Court had ruled April 20, 1989 in *Mary Ann Potts v. the Illinois Department of Registration and Education* (now the Illinois Department of Professional Regulation) that naprapaths are not entitled to limited licensure under the state's Medical Practice Act. In a 5-0 decision with two justices abstaining, the court upheld the Illinois legislature's right to determine appropriate qualifications under the Act for those wanting to practice medicine here.

The Illinois high court's ruling reaffirmed the constitutionality of the Act's stipulation that only those graduating from a chiropractic college are eligible to receive a limited license to practice medicine without using drugs or surgery. Medical and osteopathic physicians are granted unlimited practice authority.

ISMS had filed an *amicus curiae* brief, arguing that the legislature appropriately exercised its right to exclude naprapaths, and that naprapathy should not be equated with medical practice by including it under laws governing physicians.

The decision resolved a long-running controversy between state licensure authorities and naprapaths. Naprapath Potts first sued state medical licensing authorities in 1985, after being charged with practicing medicine without a license. At that time, the Medical Practice Act allowed limited medical licensure for "any method of treatment" of human ailments without drugs or surgery. But the phrase "any method of treatment" had generally been interpreted as applying to chiropractic, not naprapathy. The appellate court, however, ruled in Potts' favor.

In the interim, lawmakers revised the Medical Practice Act as part of a "sunset review" process. The new 1987 Act provided limited licensure only for those completing chiropractic, medical or osteopathic degrees.

Once the new law took effect, Potts again filed suit against state authorities. It was the later lawsuit that led to the state supreme court ruling.

Londrigan said that "Since chiropractors can practice naprapathy, naprapaths are entertaining the idea of obtaining a chiropractor's license. But naprapaths are vehemently opposed to such a strategy, because they feel chiropractors are not compatible with their system." ▲

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

MEDICAL DIRECTOR

CANCER CARE

Columbus-Cabrini Medical Center, owned and operated by the Missionary Sisters of the Sacred Heart of Jesus, is seeking a Medical Director for its clinical Oncology Program. Based at 325-bed university-affiliated Columbus Hospital in Lincoln Park, the incumbent will be charged with developing an established diagnostic and therapeutic service into a comprehensive cancer care center. Ideal candidates will be trained and/or board certified in a recognized oncology specialty.

Send letters of intent, including curriculum vitae to:

Erl Dordal, M.D.
Chairman, Search Committee
Columbus-Cabrini Medical Center
2520 N. Lakeview Ave.
Chicago, Illinois 60614

Columbus-Cabrini Medical Center

An equal opportunity employer

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Family physician—well-equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating, etc. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone—(618) 285-6634.

Twenty-nine physician multispecialty clinic located in desirable east central Wisconsin location is seeking board certified or board qualified orthopedic surgeon to round out its services. Lab, x-ray, excellent hospital. Liberal guarantee and benefits. If interested contact D.F. Sweet, M.D., Fond du Lac Clinic, S. C., 80 Sheboygan Street, Fond du Lac, Wisconsin 54935.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2147, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family practitioners, East Central Illinois. Immediate openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice (group or solo). Attractive support package including benefits. Small, friendly community of 10,000, family oriented environment. Service area of 30,000 people. Located three hours from both Chicago and St. Louis. 90 minutes from Indianapolis, Ind. Exceptional recreational, cultural, and educational opportunities. Modern, well-equipped, 49-bed, JCAH accredited facility. Contact: John M. Dillon, Administrator, Paris Community Hospital, East Court Street, Paris, IL 61944; (217) 465-4141.

Georgia. Family practice—internal medicine—oncology — endocrinology — neurosurgery — neurology—general surgery—orthopedic surgery. Group practice, solo, or urgent care settings available through the Charter hospital network located in Macon and serving all of middle Georgia. Your practice will be located 80 miles south of Atlanta, in a growing family-oriented community, where you can avoid traffic and enjoy a rewarding professional career. Please contact Stephen Wofford at 912/741-6283 for a confidential consultation or write: Charter Northside Hospital, P.O. Box 4627, Macon, Georgia 31208.

Healthline Physician Services, an affiliate of St. Louis University Medical Center, is recruiting for an emergency department medical director and staff physicians at Hannibal Regional; Hannibal, Missouri. Growth oriented program in historic Missouri river town. Good compensation, benefits, paid liability. Part-time/locum tenens also available. Contact William J. Salmo, Healthline Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, Missouri 63108; 1-800-443-3901.

Ophthalmologist to share ultra-modern office in Wilmette. Two lanes, business office, M.D. office, large waiting area. Call: Rick at (708) 587-3030.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparoscopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Anesthesiologists BE/BC. Large, well established single specialty practice seeks additional anesthesiologists. All surgical subspecialties represented. Minimal OB and pain management. Excellent financial package. Early partnership. Send CV to: Associated Anesthesiologists, S.C., 5401 N. Knoxville, Suite 49, Peoria, IL 61614.

Medical center seeking physicians to work part time or on a time share office arrangement in the following specialties: gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Sue Shidler, Administrator, 1455 Golf Road, Suite 204, Des Plaines, IL 60017-2237 or call 708/390-9300.

HealthLine Physician Services, affiliated with St. Louis University Medical Center, has full-time opportunities for the following specialties: BC family practice, BC pediatrics, BC or BE internal medicine. Income guaranteed, no capital investment. HealthLine also has part-time/full-time emergency medicine, clinic, locum tenens positions throughout the St. Louis area and nearby central/southern Illinois. Paid malpractice, flexible schedules, no call, no overhead; challenging medicine. Contact: Bill Salmo, HealthLine Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, MO 63108. 1-800-443-3901.

Meyer Medical Group, 28 physician primary care group with offices in S.W. Chicago and Orland Park seeking board certified/board eligible physicians from good programs in OB/Gyn, internal medicine, and peds. Write to Medical Director, Meyer Medical Group, 10444 S. Kedzie Ave., Chicago, IL 60655.

Internist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Send curriculum vitae and resume to Box 2147, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine. Primary care internist (BC/BE) with or without sub-specialty, opening 07/1990, in well established three physician internal medicine group, due to retiring senior partner. Practice located adjacent to modern 350 bed hospital in the Illinois Quad Cities, offering a full spectrum of diagnostic and treatment services. Full guarantees, immediate partnership, and assumption of existing practice available with no expense to qualified individual. Send CV to: R.G. Scott, 2701 17th Street, Rock Island, IL 61201.

Industrial medicine—excellent opportunity for a full-time clinical position in suburban Chicago. Weekdays. Attractive compensation. ISMIE malpractice insurance required. Send curriculum vitae to Box 2159, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family practitioner-physician, preferably BC/BE to join solo family physician in southwestern Illinois. Computerized, organized, very high collection rate. P.O. Box 655, Granite City, IL 62040.

Two OBG need third OBG. Older partner to retire, very good opportunity to have a solid private practice partnership. Call 708/879-0041.

Ob/Gyn—family practice—general surgery—internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc.; 12724 N. Maplecrest Lane; Mequon, WI 53092; 1-800-243-4353.

Physician opportunities: family practice, internal medicine, general surgery, nephrology, oncology, and OB/GYN opportunities available in the midwest and nationwide. All guarantee excellent incomes and can be reviewed in full confidence. Call or send CV to Mary Agnello, Caswell/Winters Inc., 11400 West Lake Park Drive, Milwaukee, WI 53224 or 1-800-332-0488 (In Wisconsin 414/359-1111).

Women's health: family practice/internal medicine. Nearly a perfect practice working with a preventative health care team in a brand new facility. This is an established women's program that offers an affiliation with Iowa's oldest multi-specialty group. Excellent guarantee, safe and well educated community. Call or send CV to: Maxine Brinkman, 23 North Federal, Mason City, IA 50401, 515/424-1100.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795, or in Michigan 1-800-632-3496.

Internist BC/BE to join group of physicians with hospital affiliations: located south suburbs, excellent salary and benefits with incentives and progress to partnership. Send CV to Heather Medical Associates, Ltd., Doctors Pavilion, 17850 South Kedzie Avenue, Hazel Crest, IL 60429.

Large hospital based neonatology group practice has openings for full and part time board eligible and/or board certified neonatologists and pediatricians. Practice currently serves twelve community and two tertiary metropolitan Chicago hospitals. Excellent salary and benefit program includes malpractice insurance. For more information contact John Hylton, Director of Operations, Neonatal & Pediatric Services S.C., 2115 Butterfield Road, Oak Brook, IL 60521; 708/916-8900.

Hauser-Ross Eye Institute and Surgicenter of Sycamore, IL is seeking BC/BE physicians as follows: internist or general practitioner to provide int. med. services for patients of private ophthalmology practice/surgicenter. Responsibilities will include pre-op H and P and EKG interpretation. M-F. No nights, no weekends, no call. Anesthesiologist: full-time for ophthalmology ambulatory surgery center. M-F. Daytime hours only. No call. No inpatient responsibility. Ophthalmologists: general, pediatric, glaucoma, cornea, oculoplastic. High patient population. Excellent financial opportunity. Send CV to Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Drive, Sycamore, IL 60178.

Family practice specialist. Rural resort setting in Arkansas, USA, needs additional physician for rapidly growing medical practice. New, state-of-the-art diagnostic equipment at your disposal in cardiology, gastroenterology, gynecology and obstetrics, laboratory, and ultrasound. Physicians who have passed United States FLEX or Canadian LMCC exams, please send curriculum vitae to: Carl Hurd, Administrator, Garst Medical Center, P.O. Drawer 540, Mountain View, AR 72560.

Des Moines, Iowa. Multispecialty P.C. has immediate need for BC/BE physicians in the following specialties: family/general practice, oncology, dermatology, internal medicine, and OB/GYN. Initial financial package with start-up assistance, coverage, and free lease-space is available. Located in metro-area of 400,000, great schools, diverse cultural activities, college/professional sports. Interested physicians reply to Box 2161, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General surgeon: to join an established eight physician group in a community within one hour's drive of Minneapolis/St. Paul. Excellent guarantee, good call coverage and excellent back-up. Beautiful, scenic Wisconsin community. For more information call Debbie Bakula at 1-800-332-0488.

Michigan City, Indiana—seeking full-time and part-time emergency physicians for 99 bed, low volume hospital emergency department. Excellent compensation, paid malpractice and full benefit package to full-time staff. Opportunity for advancement. Contact Emergency Consultants, Inc., 2240 South Airport Road, Room 17, Traverse City, MI 49684; 1-800-253-1795, or in Michigan 1-800-632-3496.

North Carolina-family practitioner-BC/BE. Several exciting, yet different practice opportunities in fast growing beautiful southern town. Service area of 200,000. All served by 400-plus bed, fully accredited hospital. Send CV and letter to Box 2162, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

77 physician multispecialty group seeks BC/BE ENT physician. Excellent fringe benefits. Full association possible within three years. This group is located in the far western suburbs of Chicago in an area offering excellent schools, housing and recreational facilities. Send CV to Box 2163, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Missouri family practice group seeks fourth physician, BC or BE, for historic community with two private colleges, near major university and medical center. Beautiful area. Recreation and cultural activities. Guarantee and other benefits. Reply in confidence to Mary Murphy, Jonas Physician Search. 1-800-544-6728.

Staff physicians. Western Illinois University is currently seeking staff physicians for its student health center. Staff physicians function as direct providers of diagnostic health care in serving the health care needs of approximately 11,000 students. Beu Health Center offers you: 37.5 hour work week with no hospital call; competitive salary; health and dental insurance, retirement plan, tuition waiver, paid holidays, 24 vacation days per year, paid sick days, malpractice insurance and CME. Please send a letter of application, along with two letters of reference and a resume to: Mr. James Borgstrom, Beu Health Center, Western Illinois University, Macomb, IL 61455.

Chicago, IL—Norwegian American Hospital— near north west area. English/Spanish speaking, BC/BE emergency medicine or family practice physician desired. Competitive compensation, malpractice and flexible scheduling provided. Please call: Terie Cook, EMSCO Management Services, 907 N. Elm, Hinsdale, IL 60521, 708/654-0050.

Chicago, IL—St. Cabrini Hospital—Situated in the academic area of the University of Illinois. BC/BE emergency medicine required. Challenging growth potential in a modern well-equipped emergency department. Administrative opportunities. Please contact: Terie Cook, EMSCO Management Services, 907 N. Elm, Hinsdale, IL 60521, 708/654-0050.

Situations Wanted

Board-certified Ob/Gyn seeking part-time positions. Please reply to Box 2047, c/o *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602.

Certified family-practitioner seeking part-time positions. Reply to Box 2048, c/o *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Cryomed colposcope #82752 with 35mm camera, brand new. Call (815) 397-6171.

Practices for sale: PSL, as exclusive medical brokers, is the largest California based company specializing in practice sales. Our specialized services include appraisals, financing, and physician recruitment. Ask for our "green sheet" list of available practices or contact us for a confidential consultation. PSL National, Inc., 4122 E. Chapman Ave., Orange, CA 92669. (714) 771-4331 or fax (714) 771-4782.

Arlington Heights, Illinois: General office space available. 475-920 square feet. Ideal space for counseling center, psychiatrist or psychologist. Excellent location at Palatine Highway and Arlington Heights Road. Please call Jean Kulavic at 708/441-8236 for an appointment.

For sale: Q-Med holter monitor system/real time data analysis. Interspec echocardiogram with doppler. Oxford ambulatory blood pressure monitor. All equipment one year old. Minimal use. Excellent condition. 618/244-7824.

Miscellaneous

$5,000-$60,000: For physicians unsecured signature loans. Available for debt consolidation, investments, tuition, relocations, purchase of medical practices or any need including taxes. Level payments up to six years. No prepayment penalty. For application call toll free: 1-800-331-4952, Dept. 114, Medi-Versal.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

ILLINOIS STATE MEDICAL
INTER-INSURANCE EXCHANGE

THE EXCHANGE IS PHYSICIAN OWNED AND OPERATED, SUPPORTED BY A STAFF OF INSURANCE PROFESSIONALS. OUR COMMITMENT TO OUR POLICYHOLDERS ALLOWED US TO STAND FIRM WHEN OTHERS WERE ABANDONING ILLINOIS PHYSICIANS.

Protecting physicians from non-meritorious lawsuits is behind the Exchange's strong commitment to reform medical malpractice laws. Our continuing vigilance is aimed at protecting these hard-won reforms–some of which have been threatened by court challenges.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians

SINCE 1976

COMMITTED

TO THE ILLINOIS PHYSICIAN

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

insurer's psychologist use causes alarm . . . 11

Illinois Medicine

February 2, 1990 ILLINOIS STATE MEDICAL SOCIETY

NATIONAL LIBRARY FEB 12 1990 OF MEDICINE

ISMS proposes prenatal care action to public aid

IMPROVING THE QUALITY of and access to prenatal care for Illinois Department of Public Aid (IDPA) recipients was the goal of the Illinois State Medical Society (ISMS), when it forwarded specific recommendations to IDPA December 7.

The recommendations, developed by the organization's Third-Party Payment Processes (TPPP) Committee and approved by the ISMS board, urge that "Physicians who bill for prenatal care must have delivery privileges at a hospital that provides obstetrical care services or a written agreement for referral of the patient for delivery service with a physician who has such hospital privileges. Further, any written agreement for referral must provide for the timely transfer of patient records to that physician and hospital," said the ISMS communique.

In November, the TPPP Committee had told the ISMS board that physicians providing prenatal care without delivery privileges can sometimes lead to pregnant women seeking delivery services from emergency rooms. "The lack of continuity of care is believed to be a significant contributor to infant mortality," the TPPP report stated.

The committee also recognized that it is sometimes proper and necessary for different physicians to perform delivery and prenatal care, and provided for this in the "written agreement" concept.

"ISMS has been working with IDPA and physicians statewide to help stimulate improved prenatal and OB care for Medicaid recipients," said ISMS President Eugene P. Johnson, M.D. "We wanted to try to mold IDPA's prenatal care program to assure recipients get good care and encourage physicians to treat Medicaid patients. Our commitment to this is very important because IDPA needs input from physicians' perspectives.

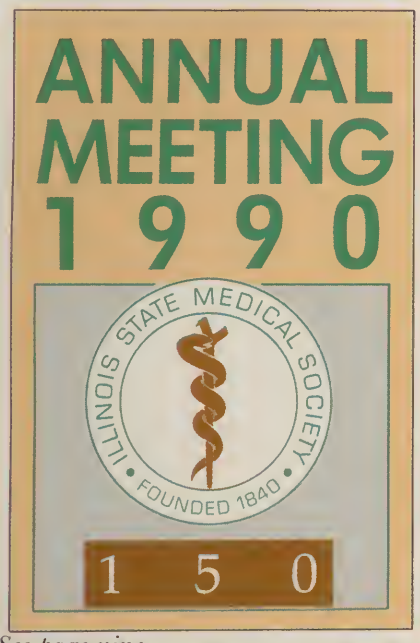
"ISMS has grown more concerned

(continued on page 13)



Greg Daniels

Governor James R. Thompson signed the Illinois Clean Indoor Air Act on January 9. The Act prohibits smoking in workplaces and areas open to the public, except in designated areas. See story, page 2.



See page nine

Two state government task force groups look at Illinois' medical waste disposal questions

ILLINOIS LAWMAKERS are moving forward with plans to control the state's infectious and medical waste, setting up two task forces on the subject following Governor James R. Thompson's April 1989 decision to opt out of a federal waste tracking program.

The first of the state government's two task forces, a 25-member Medical Waste Tracking Study Group, was appointed by the governor in December and had an organizational meeting January 29 in Springfield.

Larry A. Von Behren, M.D., an internist and associate professor of the division of infectious diseases at Springfield's Southern Illinois University School of Medicine, is representing the Illinois State Medical Society (ISMS) to that group.

A second, 16-member task force created by the Illinois Environmental Protection Agency (EPA) and the General Assembly last year, will also be studying the state's handling and disposal of infectious waste. A meeting date has not yet been set.

Both study groups include as participants state lawmakers, medical and health care representatives, waste management organizations, consumer groups and state agencies. ISMS is also represented on the Illinois EPA task force.

Both study groups will address Illinois' medical waste regulations. "Current Illinois medical waste regulations have been in effect since 1981," said Robert Watson, Illinois EPA protection engineer. "A lot of things have changed since then and the regulations need to be updated. The question is how."

(continued on page 10)

In this issue

Statewide elections: a hot race for governor 3
The democratic process and voter participation 4
Case in Point 6
Physicians find harmony in Northbrook Symphony 7
Great moments in Illinois medicine 8
Rural health care roundtable nets opinions 8
McLean County physicians help wastewater project ...10
Public health report 14

Physicians, legislators discuss southern Illinois OB shortage

by Mary Delach Leonard

"HELP THE STORK land in Southern Illinois" was the theme January 17, when the Southern Illinois Medical Association (SIMA) kicked off a new public information campaign to raise awareness of the region's obstetrical care shortage.

Members of SIMA's Task Force on the Obstetric Crisis in Southern Illinois, comprised of physicians, health care regulators and others, met with state legislators on that date in Mt. Vernon and viewed a slide show to be presented to community and civic organizations throughout the state.

The 10-minute presentation highlights positive features of a region that includes the 34 counties south of Interstate 70; but it also warns that, "Despite everything that Southern Illinois has to offer, you can't be born here."

Brochures to distribute with the slide show point out that 16 southern Illinois counties have no hospital facilities for delivering babies and that the number of physicians doing so has decreased significantly since 1980. An estimated 2,500 babies will be born annually in those counties without delivery facilities and many women will have to travel long distances—even out of state—to receive care.

The slide show encourages viewers to express their concern to state legislators, who will be listed on the brochures.

Delbert Harris, M.D., SIMA president, said legislators had been invited to view the presentation so they would be prepared to respond to constituents.

Dr. Harris said the aim of the campaign is to make the public aware of the rural health care problems and encourage them to take action. Possible audiences for the slide show include service clubs, hospital auxiliaries, PTAs, Farm Bureau groups and women's clubs.

Dr. Harris told the legislators that the OB task force was formed by SIMA two years ago to address the



Maureen Houston

Reps. David Phelps and Charles Hartke

issues of rural Illinois.

"These are our suggestions for rural Illinois," said Dr. Harris. "They don't always represent the full field of medicine, but they could accomplish results in rural Illinois."

Philip Boren, M.D., of Carmi, the Illinois State Medical Society (ISMS) trustee for the district covering a large portion of far-southern Illinois, pointed out that while the slide show focuses on the obstetrics crisis—an issue the public can easily relate to—public support could then be turned to other areas, such as malpractice and Medicaid reform.

Task force members who attended the meeting also urged legislators to support malpractice and Medicaid reform, loan discounts for health care professionals and hospital-based birthing centers.

Meeting relates to other SIMA efforts

The January 17 gathering followed on the heels of SIMA's fall 1989 launch of an action plan to deal with the southern Illinois OB shortage.

On November 17, the ISMS Board of Trustees recommended that the ISMS House of Delegates not adopt a resolution proposed by SIMA member Roger Klam, M.D., which would have urged the Illinois Department of Public Aid (IDPA) to contract with qualified physicians and certified nurse midwives to provide obstetrical care in rural areas, and to bring those contract physicians under the umbrella of state malpractice coverage.

Instead, the ISMS board recommended a statement to the House which read in part, "The Society has successfully sought significant increases in public aid OB rates. OB fees received a substantial boost on September 1, 1989. The board believes any available additional monies would be better spent on fee increases than selective contracting or assumption of liability by the state." ISMS has urged fair compensation for physicians as a key element in obtaining physician participation in health care delivery to all segments of the public.

The board reviewed SIMA's proposal at the request of last year's ISMS House of Delegates, and expressed reservations regarding SIMA's encouragement of midwives to provide OB care. ISMS policy states in part, "Professional services provided by ancillary health professionals play a vital role in care and are encouraged but should not be provided without the direction of a physician."

Birthing centers proposed

Arthur Smith, M.D., task force co-chairman, called on those present for help in starting a hospital-based birthing center as a pilot project in southern Illinois. He pointed to the success of such facilities in California as a partial solution to the OB crisis, which he said is a problem not only in rural Illinois, but nationwide.

Dr. Smith stressed that birthing centers would not be free-standing, but located in hospitals with necessary support services available.

The board of Union County Hospital in Anna is considering developing a birthing center and might be considered for such a pilot program, Dr. Smith noted.

State Senator James Rea (D-Christopher) suggested that he and other legislators look into drafting a proposal for such a pilot project. He said the support exists for rural health issues, and cited Governor James R. Thompson's January State of the State message in which he called for good health care for all of the citizens of Illinois.

Other legislators present included Rep. David Phelps (D-Eldorado), Sen. William O'Daniel (D-Mt. Vernon), Sen. Frank Watson (R-Carlyle), Sen. Ralph Dunn (R-Duquoin), Rep. Charles Hartke (D-Effingham), Rep. Charles Goforth (R-Nashville), Rep. Larry Woolard (D-Marion) and Rep. Ron Stephens (R-Collinsville). ▲

Physician facts

Emergency Room Drug-Related Treatments in 1988; Percent Change from 1987 in 19 Major U.S. Cities*

REGION	CITY	MARIJUANA Reports	MARIJUANA % Chg.	COCAINE Reports	COCAINE % Chg.	HEROIN Reports	HEROIN % Chg.
NORTHEAST	Boston	125	+11	1,286	+32	612	+34
	Newark	121	+17	1,775	+27	783	+20
	New York	884	+26	6,748	−.5	3,364	−6
	Philadelphia	780	+74	7,091	+83	1,319	+80
	Washington	1,238	−16	5,537	+64	1,961	+19
CENTRAL	Chicago	809	+28	3,907	+39	1,258	+27
	Detroit	715	−8	4,422	−4	1,799	−28
	Minneapolis/ St. Paul	112	+20	499	+28	54	−11
	St. Louis	146	−3	703	+132	162	+110
WEST	Los Angeles	366	+39	2,955	+32	1,653	+32
	Phoenix	286	+34	1,220	+56	290	−11
	San Diego	147	+6	292	+10	209	+46
	San Francisco	125	−20	593	+17	759	+39
	Seattle	216	+71	1,321	+57	614	+37
SOUTH	Atlanta	154	+43	756	+34	46	−6
	Dallas	528	−5	1,378	+40	240	−11
EMERGENCY	Miami	98	+85	283	−1	11	+120
	New Orleans	509	+4	3,225	+69	483	+1

* Non-random sample based on selected hospitals in 27 metropolitan areas.
Source of Data: National Institute on Drug Abuse

Governor Thompson signs Clean Indoor Air Act

by Kevin O'Brien

GOVERNOR James R. Thompson on January 9 signed the Illinois Clean Indoor Air Act, which prohibits smoking in workplaces and areas open to the public, except in designated areas.

"Today, by signing House Bill 1695, I recognize and applaud 15 long years of hard work, energy and volunteerism that so many individuals contributed to establish a statewide Clean Indoor Air Act," Thompson said in his signing message to the legislature. "I am approving this compromise bill because it is an important first step," he said, adding, "I strongly urge the General Assembly to consider legislation during the spring session that will further improve the state's commitment to protecting individuals from second-hand smoke."

The Illinois State Medical Society (ISMS)-backed legislation originally called for an outright ban on smoking in public places, but a provision permitting designated smoking areas was added during the spring session. Exempted are bars, bowling alleys, hotel rooms, factories, warehouses and rooms rented for private functions. The measure passed in the closing hours of the fall veto session and becomes effective July 1 of this year.

The Act requires state and local government agencies, school districts and owners of public places to make reasonable attempts to prevent smoking except in designated areas. In addition, the Illinois Department of Public Health, local governments or individuals may seek injunctive relief against repeat offenders. The bill also precludes local government units, including home rule, from passing more restrictive legislation. However, local non-smoking ordinances passed before October 1, 1989 will remain in effect, and can be made more stringent at the option of those localities.

ISMS has long supported legislative action on public smoking. As early as 1979, the Society's House of Delegates adopted a resolution encouraging and supporting the ban or restriction of smoking in all public places, and the development of appropriate regulations to accomplish this end. ISMS had supported legislative efforts in this area prior to 1979. ▲

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

Statewide elections: what next for Illinois?



Natalie Wargin Design

ON MARCH 20, voters will go to the polls in Illinois to make choices in a wide variety of primary elections. A number of issues critical to health care and medicine, either directly or indirectly, are at stake, including health care funding, abortion, hazardous (including medical) waste disposal and property tax relief.

While individual legislative races are just beginning to come to life, early media and public attention will most likely focus on statewide races, especially the race for governor, which appears to be not only the most important, but also the most hotly contested.

On the Republican side, Secretary of State Jim Edgar, who overcame opposition from lawyers to wage a successful crackdown on drunk driving, has spoken out on the need to reform a tort system that has driven up the cost of medical care for Illinois patients and caused doctors to leave Illinois. "There are many Illinois citizens who can't afford—or even find—medical care in their local communities. The costs of our medical malpractice litigation system bear substantial responsibility for this, and we need to take steps to correct it," Edgar told *Illinois Medicine*. Edgar faces a challenge on the right from Steven Baer, a United Republican Fund-endorsed candidate from Chicago, who has advocated no new taxes and opposition to abortion. Edgar's choice for lieutenant governor, State Senator Robert W. Kustra (R-DesPlaines), sponsored caps on non-economic damages legislation.

Illinois Attorney General Neil Hartigan, who is credited with defending court challenges to 1985 medical malpractice reform legislation, and bringing to settlement the contentious *Turnock v. Ragsdale* abortion case, and who has claimed credit for the concept of the first state cabinet-level Department on Aging, is expected to triumph easily over his opponent.

Robert A. Marshall, M.D., a radiologist and trustee for the Village of Burr Ridge, has also become a Republican contender. Dr. Marshall has advocated no new taxes, criticized "politicians who have been dishonest with the voters," and promoted the rights of divorced fathers. "Obviously," Dr. Marshall told *Illinois Medicine*, "I am very sympathetic to the medical community. A main issue is liability reform, and that would be a top priority in my administration." Last fall, he placed a display ad in newspapers across Illinois seeking a lieutenant governor running mate, but failed to find one. He had run as an independent in the 1988 general election for state representative from his district, but received only 2 percent of the vote. ▲



[From left to right:] Republican candidates in the gubernatorial primary include Secretary of State Jim Edgar, Steven Baer, and Robert A. Marshall, M.D. The leading Democratic candidate is Illinois Attorney General Neil Hartigan.

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

SAME-DAY ADMISSION FOR SURGERY

Numerous studies have confirmed the efficacy of admitting patients to the hospital on the same day that surgery is scheduled. Same day surgical admissions are entirely compatible with high quality care, and with the needs of house staff training programs. Same day surgical admissions have also been popular with patients, since they can spend the night before surgery in the comfort of their homes. The incidence of the need to cancel surgery, because the patient ate or otherwise did not properly follow instructions, is very low. Consequently, costs associated with admissions one or more days before surgery, will not be covered when we find that the early admission was for the convenience of the patient or the physician.

The following are conditions and procedures in which admission one or more days prior to surgery generally would be medically required. (Admissions more than one day prior to surgery will require that intensity of service criteria be documented.)

1. Cardiovascular Surgery

- — Coronary Artery Bypass Graft
- — Aorto — Femoral — Popliteal bypass
- — Repair of Aneurysm, Intra-Cerebral, or Aortic
- — Cardiac Valvular Replacement
- — Carotid Endarterectomy

2. Carniotomy

3. Organ Transplantation

4. The patient's medical condition requires inpatient treatment or stabilization before surgery. Examples of such conditions are as follows:

- — Poorly controlled insulin dependent diabetes melletus
- — Congestive heart failure
- — Far advanced renal or hepatic failure
- — Severe, current arrhythmia
- — Required pre-operative blood transfusions, or administration of parenteral blood products
- — Required adjustment of signficiant medications (anti-coagulants, steroids, insulin)
- — Severe, chronic systemic disease (ASA Class 3-5)

5. Patient is physically or mentally unable to undergo a required pre-operative preparation on an outpatient basis, even with help from a home health aide, or the pre-operative preparation is so complex that outpatient preparation is not feasible.

(This report is a service to the physicians of Illinois)
2/2/90

Editorials

Assuring quality prenatal care for mothers and babies

The Illinois State Medical Society's (ISMS) involvement in prenatal care oversight, through its Third Party Payment Processes (TPPP) Committee, provides an example of how organized medicine can help guide thinking on a critical health issue, for the benefit of all.

The recommendations adopted by the ISMS Board of Trustees include a number of suggestions for a coordinated response to the larger issues of prenatal care. In Illinois as in the United States generally, high infant mortality rates continue to be a problem, and many of the causes of those high rates are non-medical in origin: lack of transportation, health and nutritional education, social networks, income.

Because we recognize that the health of any pregnant woman depends on many non-medical factors, we endorse use of social case managers by the Illinois Department of Public Aid (IDPA), to help provide transportation, nutritional counselling, and education and social services to patients.

We further support risk assessment—the initial and periodic evaluation of a patient's physical and mental health by her prenatal care provider.

And we believe strongly that physicians providing prenatal care should have delivery privileges at hospitals, or a written agreement with another physician who does—in order that pregnant women not seek delivery services from emergency rooms, and in order to ensure quality hospital care for patients. Such recommendations are important in the effort to cut down the current rate of infant mortality; we urge IDPA to adopt them.

Clean Indoor Air Act: some real breathing room

The Illinois State Medical Society applauds Governor Thompson for signing the Clean Indoor Air Act. This is a first step in protecting Illinois non-smokers from second-hand smoke.

ISMS has been a strong supporter of restrictions on public smoking. As early as 1976, ISMS supported legislative efforts in this area, and has worked with lawmakers, and a coalition of health organizations to ensure healthy air for Illinoisans.

With the signing of this legislation, the onus will be on smokers to alter their habits (at least in public), rather than on non-smokers to accept the once-inevitable hazard of fumes. That development should bring welcome relief to physicians, their patients and the entire state. The tide has turned against public smoking, and we laud it.

Illinois Medicine

VOLUME 2, NUMBER 3 **FEBRUARY 2, 1990**

Illinois Medicine **is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
Eugene P. Johnson, M.D., *President*
Harold L. Jensen, M.D., *Chairman of the Board*

Illinois Medicine **Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

Illinois Medicine **Staff**
Suzanne W. Nelson, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



"Mrs. Fretsmore wants to know if she can leaf through her records. She says she's writing her autobiography."

President's Column

Democracy means voter participation



Eugene P. Johnson, M.D.

The cries for democracy now erupting throughout Eastern Europe remind me of how much we in this country take self-governance for granted. Americans start learning at a very young age how to govern themselves. Throughout their lives they participate in civic, professional and voluntary activities that provide constant training in democracy. The Illinois primary elections March 20, and the Illinois State Medical Society (ISMS) House of Delegates meeting, coming up April 6, 7 and 8, are ways for us to participate in the democratic process.

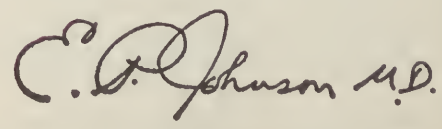
To become a delegate in the ISMS House, an ISMS member must be elected by a county medical society or ISMS section. Each county is represented by at least one delegate, and the more members a county has, the more delegates represent that county. Any delegate or county delegation can submit a resolution to change or establish ISMS policy.

Resolutions passed by the ISMS House guide the society throughout the year in its advocacy role with the Illinois General Assembly and regulators. Sometimes resolutions affecting national problems are forwarded to the American Medical Association (AMA). If passed by the AMA house, they become AMA policy and guide the AMA in its national advocacy activities. Thus, one idea from one delegate, approved by a county and state society, and the AMA *can* make a difference.

Electing public officials is the most direct way Americans preserve democracy. This year is an election year. Voter registration and voting are easy, accessible processes in America. At the very least, Illinois physicians and their families should register and vote. There are other important election-year activities that make our votes count even more, such as contributing to the Illinois State Medical Society Political Action Committee (IMPAC) and to candidates' campaigns, being informed on candidates and issues, assisting candidates in vote-getting activities, providing candidates valuable medical input on issues affecting health care and talking to our patients about the best candidates for quality health care.

As ISMS president, I have met many of you and encouraged you to get involved in your county medical societies and ISMS. It's good for you, your profession and your patients. Become a delegate. If you want to change or establish policy, submit a resolution. The deadline is March 6.

Learn something now about the primary candidates in your area. It is especially important to know which candidates for governor, the Illinois General Assembly and the U.S. Congress will be best for physicians and their patients. In some cases, the primary election is more meaningful than the general election. Don't wait until the "political season" is here. Right now is the political season for medicine, as primary election day on March 20 fast approaches. ▲



Eugene P. Johnson, M.D.
President

Letters to the Editor

Unbundling and Blue Cross/Blue Shield

In the January issue of *Illinois Medicine*, you published an ad by the "Blues" stating that they were going to find all those doctors who were guilty of "unbundling" and were thus cheating the government out of Medicare money.

Now, just to be fair about it all, I think the Illinois State Medical Society ought to investigate the "Blues" to see what they are doing about paying their bills on time.

You know if they can delay paying a $200 claim for a year, they have made $20 to $30 in interest money off of that $200. Can you imagine what a scam they have going if they can do this for just one case per doctor per month?

Presently, I have a retired teacher—not covered by Medicare—but covered by Blue Cross/Blue Shield. My office has submitted the forms four times, we have called the "Hot Line" for Blue Cross/Blue Shield five times. We have received partial payment on October 10, 1989 for services rendered in March and April, 1989.

I'm sure the rest of the physicians in Illinois have had similar experiences with these less-than-honorable insurance companies.

Why do the insurance checks always arrive on Friday and Saturday? Why, of course so the insurance company benefits from the "float."

How is it that some insurance companies have to adjudicate every claim and want more information about most of their claims?

How is it that insurance claims seem to be one of the only pieces of mail that seem to get lost routinely? Come on now, a 5 percent lost in the mail rate might be possible in a banana republic, but in the state of Illinois?

How come the "Big Shot" is always unavailable when you call the "Blues"? He is always unavailable, just stepped out; or is off and will return my call, which he doesn't do.

How about a state of Illinois law telling us that every insurance claim not paid in 30 days starts accumulating 10 percent interest per annum.

Insurance companies with a track record like the "Blues" ought not be allowed to take such a holier-than-thou attitude towards physicians without being held accountable for some of their sins. As the *Bible* says, "Let he who is without sin, cast the first stone."

James E. Gottemoller, M.D.
Streator

The cause of unbundling of surgical fees is Blue Cross/Blue Shield.

Case #1—Small bowel obstruction due to adhesions. Found to have secondary cholelithiasis. Enterolysis and cholecystectomy were performed. I billed my usual fee for enterolysis plus $200 for the cholecystectomy. BC/BS refused to pay the bill until I unbundled and listed my charges for each procedure.

Case #2—Menorrhagia and fibroid uterus with cholelithiasis. Total abdominal hysterectomy and cholecystectomy. I billed my usual fee for the TAH plus $200 for the additional cholecystectomy. BC/BS refused to pay the bill until I unbundled and listed my fee for each procedure.

Case #3—Cholecystitis with lithiasis. Cholecystectomy. I billed my usual fee for cholecystectomy. BC/BS refused to pay the bill until I explained why I charged more than $200. Obviously, BC/BS was putting into the computer my reduced fee for the secondary procedure as my usual fee for the primary procedure. As a result, they refused to pay my usual fee.

Case #4—Duke's C carcinoma of the right colon with cholelithiasis. Right hemicolectomy, bilateral salpingo-oophorectomy for possible metastasis, and cholecystectomy. I know that BC/BS will refuse to pay my fee unless *I* unbundle it. If I unbundle it as cholecystectomy $200, bilateral salpingo-oophorectomy no charge, and right hemicolectomy $1200, the next time I do a bilateral salpingo-oophorectomy and make a charge, BC/BS will probably write to me and want to know "why I now charge for the bilateral salpingo-oophorectomy." I now unbundle as demanded by BC/BS, but I list my usual fees for primary procedures.

So who is at fault? In my opinion, BC/BS is at fault with their computer syndrome, and the computer garbage in/garbage out complex.

Kenneth T. Pawlias, M.D.
Macomb, Illinois

Gov. Thompson on the state of health care in Illinois

The following are excerpts from Gov. Thompson's State of the State Address to the Illinois General Assembly on January 10, 1990.



Governor Thompson
Greg Daniels

. . . We can either nurse our health care delivery system back to a state of good health or watch it wither and watch our people wither too. . . . Come April, the health summit in Cook County is going to report on what it takes to care for poor people in that county and what it costs and who is going to pay.

But I want to serve notice here and now. This Governor represents the whole state. He's not committing dollar one of State dollars to any health care delivery system in Cook County—however good, however needed—until we take care of the health care delivery needs of the *whole* state of Illinois from Chicago to Southern Illinois and everything in between. . . .

. . . A couple of weeks ago, we all followed the stories with a great deal of wonder and excitement and emotion of the little child in the hospital in Chicago receiving part of her mother's liver in a transplant . . .

. . . But in the same newspapers you found stories about poor families waiting in crowded hospital emergency rooms to see a doctor for primary health care—not emergency health care, primary health care—because they didn't have any other place to go.

. . . We are in the process of bringing together the best minds in this state, in business, labor, health care, insurance, and in this Assembly to develop a program of opportunity in health care.

When the summit process . . . reports to us in April . . . I will immediately transmit those results to you in time for action by this Assembly this year. We need help on this one. I need your help on this one for the whole state of Illinois. I hope we have the political will to do it. . . . ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

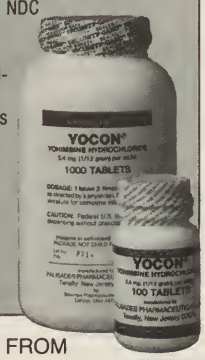
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE EXCLUSIVELY FROM

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin
President, Medit Associates

If this were your patient, how would you have handled these cases?

Case #1

Presenting complaint and initial diagnosis— A 22-year-old male presented at a hospital emergency room. He injured his left leg playing basketball when he was knocked to the floor and another player fell on him. X-rays showed an oblique, spiral comminuted fracture of the distal tibia and fibia.

The case in brief—An orthopedic surgeon performed an open reduction, using three compression screws for stabilization of the fracture. Postoperative x-rays revealed an excellent reduction with no angulation or shortening. Prior to discharge, a long leg non-walking cast was applied and the patient was instructed not to bear weight on it for 12 to 16 weeks. The doctor noted heavy wear to the foot portion of the cast when he saw the patient three weeks later. Surmising that the patient had not followed instructions, he reinforced the cast and again advised him not to bear weight on it, explaining that this type of fracture is unstable and heals slowly. When the patient returned three weeks later, the entire foot portion of the cast was destroyed. X-rays revealed fracture displacement and loosening of the screws. The doctor applied a new cast, told the patient that it would now take nine months to two years for the fracture to heal, that the outcome was uncertain, and said surgery might be necessary. When the patient did not keep his next appointment, the physician sent him a certified letter advising him that further care was necessary.

The resulting claim—The patient went to another orthopedic surgeon who performed surgery and a bone graft. He criticized the first doctor's choice of treatment. When the final cast was removed five months later, the leg was one-half inch shorter. The patient sued the first doctor, alleging improper surgical technique and failure to properly align, reduce, and position the fracture, necessitating further additional surgery and resulting in permanent injury to the leg.

The outcome of the claim—The case went to trial. No negligence was found on the part of the defendant. Experts testified that his surgical procedure was appropriate for the diagnosis. The plaintiff had violated repeated instructions not to bear weight on the leg and had been warned of the consequences.

Case #2

Presenting complaint and initial diagnosis—A 20-year-old female college student came to the emergency room after falling from her bicycle. Examination and x-rays revealed she suffered a mid-shaft fracture of both the right tibia and fibia. An orthopedic surgeon performed a closed reduction, inserting pins into the tibia. A cast was applied incorporating the pins.

The case in brief—Immediately following surgery the patient complained of numbness in her toes and a nurse reported this to the physician. On each of the two following days the patient showed good range of motion and little swelling, but continued to complain of numbness. Before her first scheduled appointment, she returned to the hospital emergency room again complaining of numbness and swollen toes. The treating doctor told her to elevate the foot. Pins were removed three months later and a fiberglass short leg cast applied. Although X-rays showed good alignment, as did subsequent ones, the patient continued to complain of numbness, swelling, loss of motion in her foot, and pain because the cast was cutting into her foot. The top of the cast was trimmed and infection in the skin and bones of the foot and was treated. The cast was bivalved. About five months post-surgery, the patient went to another doctor who performed a bone graft and inserted a plate and screws into the leg. In the ensuing months, infection in the foot continued and although aggressively treated, the eventual conclusion was that ischemic neuropathy had developed, necessitating amputation of her lower right leg.

The resulting claim—A suit was filed alleging failure to diagnose and treat compartment syndrome resulting in loss of the plaintiff's leg.

The outcome of the claim—The case was settled for $500,000. Medical experts agreed that compartment syndrome is preventable. The defendant failed to recognize and treat it, despite the patient's continued complaints of numbness, and she suffered irreversible damage.

The points these cases make—Patient non-compliance with resulting complications figures in many professional liability actions. The first case was defensible because the physician had acted properly in the following respects:

—The patient had repeatedly been instructed not to bear weight on his cast.
—These instructions were carefully noted in the chart.
—The patient had been advised of the adverse consequences that could occur if he failed to follow instructions.
—The fact that this information had been relayed to the patient also was noted in the record.
—When the patient failed to return for a scheduled appointment, the physician sent a certified letter, return receipt requested, advising the patient that he required additional care and again warning of adverse consequences of failing to obtain it.

Failure to diagnose, the main allegation in the second case, is a far more complex matter since in every case a doctor must weigh the information available and make an individual judgment. Different doctors may reach different conclusions. ISMIE advisers suggest that sometimes other sources can provide insights into diagnoses:

—Listen to what nurses say and read nursing charts.
—Listen to what a patient says. It may be a vital clue.
—Respond quickly to what may be early signs of possible problems and complications. Even if a particular complication appears unlikely, if there is question, do further tests. Failure to check pressure in the casted leg weakened the defendant's defense in the second case described.
—If a problem does develop, move quickly and aggressively to treat it. Call in a consultant if necessary.
—Always keep complete, detailed medical records.

Often a patient dissatisfied with the progress or outcome of an orthopedic procedure will seek advice from another physician. Sometimes, inadvertently, the second physician implies that the procedure performed by the first physician was improper. While that may or may not be true, getting all the information first is advisable. In the first case, it was the patient who was at fault. ▲

"That's what you dictated, Doctor!"

(Humorous notes from hospital files)

"The left leg became numb at times and she walked it off."



Ken Simpson

The above was taken from the dictation of staff physicians at Memorial Mission Hospital in Asheville, N.C. Reprinted with permission of Transcription Unit supervisor Dorothy Reid. Send Illinois Medicine *your best tidbits and we'll consider using them.*

Exchange Q & A

Physicians are encouraged to submit queries to: Exchange Q & A, Illinois Medicine, *Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602.*

Q: *My employer is a medical corporation insured with the Exchange. Am I insured by my employer or by the Exchange?*

A: In order to be insured by the Exchange, each physician must have an individual policy. If you are an employee or a member of an ISMIE insured medical partnership/corporation, your premium may be paid by the group. However, separate policies are issued for each physician as well as for the corporation itself. Each physician is individually insured and is responsible for the policy, and for meeting the responsibilities as an insured, regardless of who pays the premium.

Q: *I am a "class 2" physician. Does it make any difference to my rating classification if I assist in surgery on my own patients only, or if I also assist on other cases?*

A: No, it will not affect your rating. Assisting in surgery is rated as a "minor risk" procedure. It requires a minimum class rating of "2" for physicians with a nominal specialty classification of "0" or "1". ▲

Doctors harmonize music, medicine

by Vicki Gerson

TENSION, SACRIFICE and the pressure to perform at peak level are constant elements in every doctor's day. How wonderful it is for those doctors who can do so, to exchange such demands for the rigors of melody, rhythm and ensemble. Such is the happy lot of four physicians on Chicago's North Shore, individuals who have managed to make music an important part of their lives. The four are members of the Northbrook Symphony Orchestra, which inaugurated its tenth-anniversary season in October in a concert of works by Mozart, Beethoven and Kodály.

Over the years, the orchestra has expanded its concert schedule, reflecting the growth of community support. During the 1988-89 season, it offered a five-concert subscription series, the first time it had done so. This season, the orchestra can boast a distinguished roster of soloists, including pianists Misha and Cipa Dichter, and several Chicago Symphony Orchestra (CSO) musicians.

Irwin A. Smith, M.D., a board-certified family practitioner and a violinist, joined the orchestra when it was first formed and remembers playing the orchestra's first concert, presented in the atrium at Northbrook Court. Dr. Smith, 72, a Northbrook resident since 1949, is completing his fifth and final term as president of the orchestra.

Besides practicing every Monday evening for two and a half hours with the full 80-member orchestra and its musical director/conductor Samuel Magad (CSO co-concertmaster), Dr. Smith spends eight hours a week in orchestra activities.

Dr. Smith's life-long love of music began at the age of six when he started playing the violin. During medical school, he played jazz piano in a Rush Street bar three nights a week for $5 a night. Today, he says, "Playing in the Northbrook Symphony adds a dimension to my life. I love to be a part of an organization that is a presenter of culture."

"I never gave up my music"

Cellist Iris Cosnow, M.D., a pathologist at Ravenswood Hospital Medical Center in Chicago, has also had a life-long love of music.

She became a cello major at the University of Illinois, but decided she lacked the temperament to be a professional musician. "Although I went into medicine," she says today, "I never gave up my music." She joined the Northbrook Symphony Orchestra soon after its formation because she believed it would be a quality organization. Today, she is assistant principal of the cello section.

"Music softens my approach to medicine. I see a lot of tragedy every day," says Dr. Cosnow. "Music helps me clear my mind and has a cleansing effect."

George Alvary, M.D., a surgeon for more than 30 years with an office in McHenry, didn't start taking cello lessons until he was 45 years old. Dr. Alvary has been a member of the Northbrook Symphony for nine years.

"Playing in the orchestra is a community service I consider well worthwhile. Personally, it's very satisfying due to the musical direction, programs selected and world class soloists we're able to attract," he says.

Harmonizing music and medicine

Lynne Eramo, M.D., a violinist, is one of the newest members of the orchestra. A dermatologist, she has a private clinic at Children's Memorial Hospital in Chicago and a private practice in Winnetka.

Although Dr. Eramo started taking violin lessons at age nine and was concertmaster of the Princeton University Orchestra, she gave up her music for seven years—during medical school, internship and most of her residency.



Chip Zellet

Cellist Iris Cosnow, M.D., and violinist Irwin A. Smith, M.D., are long-time Northbrook enthusiasts.

Dr. Eramo believes that music adds to her life. "I can express myself in a totally different way than I can in my profession. Music makes you realize there's more to life than just work and medicine."

Dr. Alvary, who also plans to retire from medicine before he retires from being a non-professional musician, believes music is a wonderful hobby for a physician. "You can play at a moment's notice . . . and the weather doesn't have to be just right. It's a non-alcoholic, non-smoking discipline which gives you satisfaction."

At this time, Dr. Smith has no plans to either stop practicing medicine or to stop playing the violin. "As long as my fingers don't get arthritis, I'll play," he says. "But till then, I'll be there." ▲

The Simple Pleasures

Remember when every major medical plan was like this . . .

NO PRE-APPROVALS

FAST FRIENDLY CLAIMS SERVICE

CHOOSE YOUR OWN DOCTOR & HOSPITAL

"No pre-approvals," the doctor said. The doctor just as easily could have declared that they were free to go to their favorite doctor *and* the trusty local hospital, with no questions asked. "We also enjoy fast, friendly claims service," added the office manager. "And the PBT's representatives always make me feel like they're on my side." It's not always this easy to find life's simple pleasures . . . great personal service . . . experienced staff used to meeting the needs of physicians and group practices . . . outstanding coverage options . . . and best of all—low group rates. However, it's what you would expect from your medical society's own program. After all, it's just what the doctors ordered!

If you're looking for the simple pleasures of a worry-free Office Benefits Program for your practice, you'll love the PBT. Enjoy our Major Medical Plan and your choice of Dental, Life, Disability and Dependent Life coverages.

For information, call toll free: (800) 621-0748. Or call (312) 559-9130 or mail coupon.

Please send information about the Office Benefits Program.

Coverage Includes:
☑ Major Medical

Options:
☐ Dental
☐ Life
☐ Disability
☐ Dependent Life

Office Manager/Contact Person: _____
Practice Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Total Number of Physicians & Staff: _____

ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Great moments in Illinois medicine

A series of historical features celebrating ISMS' sesquicentennial

The fight to make a woman's place in medical training

1 5 0

WHEN THE WOMEN'S Medical College of Chicago was founded in 1870, "it was almost a disgrace to be seen walking on the street with a woman doctor," according to an alumnae report. Very few women were practicing medicine in Illinois—or in the United States—and the doors of all other Chicago medical schools were closed to women. Over the next two decades, the college played a major role in changing attitudes and creating opportunities for women in medicine.

Within a few years of its founding, the college had acquired an outstanding reputation. Its senior class, however, had never been invited to participate in the highly competitive examinations for internships at Cook County Hospital. In 1879, five seniors saw a notice inviting them (mistakenly, they later learned) to the Cook County examinations. They arrived to face a crowd of students and spectators who hissed and shouted at them. The oral exams were humiliating: "The gynecologist and the obstetrician tried to get us off balance by making vulgar jokes," wrote Marie J. Mergler, M.D., one of the participants. "The surgeon tried to wreck us. We faced things as best we could, but, of course, did not receive an appointment."



Mary Thompson, one of the founders of the Women's Medical College of Chicago. (Photo courtesy of the Illinois State Historical Library.)

Two years later, at the urging of some prominent male doctors, the women were invited to compete in another series of examinations. This time, they surprised the other students with the breadth of their knowledge. "The young men felt sure of the victory," wrote Dr. Mergler, "but the tables had turned. The Women's College was ahead this time, and after the oral examinations the boys looked quite crestfallen." Although the women privately were told they came in first place, none of them received an appointment.

Eventually, however, their persistence paid off. Some time later, Mary E. Bates, M.D. was notified that she had passed the position of intern at Cook County Hospital. "Of course the joy was great," Dr. Mergler wrote, "but then came the dread of a woman being able to succeed in the face of an attending staff, who as a whole did not believe in a woman for that place." Dr. Mergler quoted one of the professors as saying: "She would never venture to go on duty if she knew what was before her." Dr. Bates' appointment was the first of a small but steady stream of women interns in Chicago hospitals.

During the next decade, the reputation of the Women's College continued to grow and the public's attitude toward women doctors relaxed considerably. In 1891 the college was made a department of Northwestern University.

In 1902, possibly for financial reasons, Northwestern declared the school non-existent. But the end of the Women's Medical College in no way erased the progress it had made. "No woman studying medicine today," wrote Dr. Mergler, "will ever know how much it has cost the individuals who were personally concerned in bringing about these changes . . . for with them it meant much more than success or failure for the individual; it meant failure or success of a grand cause." ▲

Part six in a series

Rural health care roundtable nets variety of opinions

ON DECEMBER 2, rural Illinois health care leaders told Illinois House Speaker Michael J. Madigan (D-Chicago) and other state legislators of growing rural health care concerns, in a roundtable discussion held at Franklin Hospital in Benton.

More than a dozen individuals attended the session organized by Rep. Larry Woolard (D-Carterville). Among the participants were physicians, hospital administrators, health service directors, members of the Illinois General Assembly and other health care leaders.

"The most important goal of this meeting was to familiarize Michael Madigan with some of southern Illinois' problems and concerns with existing deficiencies in funding for rural health problems," said Woolard.

Illinois Medicine tried unsuccessfully to reach Speaker Madigan and his press spokesman for comment on this story.

The roundtable followed a discussion format. Participants expressed their views of health care delivery problems in southern Illinois, and some suggested possible solutions.

Patsy Jensen of the Shawnee Alliance for Seniors spoke of the trouble elderly patients have finding transportation. "There's a big need for case management services, particularly for the rural elderly," she said. "We need to help them arrange their doctors' appointments, get them to the doctor's office and help them understand the physician's orders.

"The problem is universal for all elderly people," Jensen said. "But when you're dealing with limited medical services in rural Illinois and long distances to travel to a physician's office, it's a bigger problem. A lot of young people are leaving this area because the unemployment situation is so high," she added. "We lose a lot of extended family members who would normally help grandma get to the doctor."

Root causes are non-medical

The root causes of the crisis appear to be socio-economic, according to George O'Neil, director of Shawnee Health Services, who said southern Illinois' rate of unemployment is holding steady at twice that of the state as a whole. "We never fully recovered from the 1980s recession like the rest of the state," O'Neil noted.

O'Neil said an Illinois Hospital Association study revealed six of 11 hospitals with obstetrics units have closed in southern Illinois to date. Another study by Shawnee Health Services "recently found that 35 percent of our patients are traveling 30 minutes or more for prenatal care or delivery services while 20 percent of our patients travel more than 50 miles," he said.

O'Neil urged the legislators present to consider expanding Medicaid to include a higher level of eligibility for low-income women, up to at least 185 percent of the poverty level. "Economically, that would benefit those women who are in the gray area," he said. "It would also pick up Medicaid coverage for children, at least up to the age of four or five."

The current eligibility rate for pregnant women and women with infants stands at 100 percent of the poverty level. As of April 1, Illinois law will require expansion of the eligibility rate to 133 percent of the federal poverty level.

Jerry Hickam, president of Southern Illinois Hospital Services in Carbondale noted that more than 16 Illinois hospitals have closed in the past three years—including two in rural southern Illinois—and that many are operating at a loss.

Obstetricians leaving Illinois

Delbert Harris, M.D., a Lebanon physician and Southern Illinois Medical Association (SIMA) president commented later, "Obstetricians are giving up their practice because they're getting older or can't afford to pay high malpractice premiums."

Dr. Harris said only 30 percent of physicians finishing family practice residencies pursue obstetrics. "Even if we get a young physician placed in an area, he may choose not to do obstetrics. In many of our areas, a young physician couldn't do obstetrics because the hospital doesn't offer the service. Small community hospitals aren't large enough to support obstetricians.

"We're trying to get routine uncomplicated obstetrics restored in southern Illinois," Dr. Harris said, "so when a young physician comes out of the family practice residency program and would like to do OB, there's a prospect that the hospital in the area will have it available."

Regarding malpractice premium rates, William Hays, M.D., a Herrin physician said, "This year, more than $200 million will be spent by Illinois doctors alone on malpractice premiums. But this amount pales in comparison to the nearly $1 billion that doctors will spend on tests to practice defensive medicine so they may document and defend the basis of their decisions if ever called into court."

Merle Aukamp, Marion Memorial Hospital administrator, said legislators should look to surrounding states to help solve Illinois' funding and malpractice problems. "Let's not reinvent the wheel, but look to bordering states that are draining off some of our physicians," she commented. "Why not learn from all of their experiences and pick and choose from the best of all worlds?"

Rep. Woolard said he is working on scheduling another meeting on the subject with more participants. "We have some real concerns, and if we can get some of these to House and Senate members, we can accomplish some legislation that will support rural Illinois' needs." ▲



Area legislators attended a roundtable discussion on health care delivery and funding December 2 at Franklin Hospital in Benton. Participants included (left to right) Illinois House Speaker Michael Madigan (D-Chicago), State Rep. David Phelps (D-Eldorado) and State Rep. Larry Woolard (D-Carterville). (Photo courtesy of The Benton Evening News.*)*

The ISMS resolution: organized medicine's democracy in action

ANNUAL MEETING 1990

ILLINOIS STATE MEDICAL SOCIETY • FOUNDED 1840 •

1 5 0

FOR PHYSICIANS who've already broken their New Year's resolutions, there's another resolution-making opportunity on the horizon. It's the Illinois State Medical Society's (ISMS) annual House of Delegates meeting, which each year debates a wide array of resolutions submitted by MDs across the state. Ranging from acupuncture to workers compensation, medicine's "hottest topics and controversies crowd the agenda of this yearly policy meeting. Issues are thoroughly debated, and specific policies adopted, discarded or referred to the ISMS board for study, before becoming official policy for the organization's 18,000 members.

But where do resolutions—the fodder for debate—come from? The simple answer is they percolate up from grass roots physician members, through county medical societies. "Without introduction of resolutions, there would be no policy debated by our House of Delegates. The state society would have no policy," says Joan Cummings, M.D., a suburban Chicago geriatrician and current speaker of the ISMS House of Delegates.

Last year, some 58 resolutions came before the 300 plus-member ISMS House of Delegates for consideration. Their authors were Illinois' 87 county medical societies, single delegates or special ISMS groups such as the board of trustees, and medical student, resident or hospital medical staff sections.

Grass roots concerns

"Any ISMS member can bring forward a resolution," comments Raymond Hoffmann, M.D., adding, however, a member's resolution must be formally introduced by a voting ISMS delegate. A Rockford surgeon, Dr. Hoffmann is vice-speaker of the House this year. He urges those proposing resolutions to gain co-sponsorship by their local county medical societies. "This implies that the resolution has been talked over by more than one delegate, that they've come to a common view of the problem and the possible solution."

County medical societies elect the MD delegations they send to the annual policy gathering. Delegates are not speaking only for themselves, stresses Dr. Cummings. "While clearly their own ideas and decision-making come into play, they are really representatives of their county societies. That's where initial discussion should occur."

The resolution process

The concept of a resolution can begin at any time, during discussions of medical issues at the office, hospital, county medical society or home. Whether introduced by a single delegate or an assemblage of MDs, the resolution must meet certain criteria to be accepted.

First, it must be signed by its author or a designated representative of its co-sponsors. It must be submitted by a voting delegate 30 days prior to the House meeting: this year by March 6th for the 1990 annual meeting beginning April 6th. Late resolutions are reviewed by a House committee, and must receive a two-thirds vote of the full House to be included.

Once introduced, a resolution is referred to various reference committees for debate. Comprised of MD delegates, these committees hear testimony—both pro and con—and make a recommendation to the full House. Any ISMS member can speak before the reference committee.

If implementing the resolution will cost money not currently in the ISMS budget, a fiscal note and source of funding must be identified.

Mechanically, resolutions must follow a very specific format.

—titles should clearly reflect the specific action requested;

—only the resolution's "resolves" are considered, and thus must be able to stand on their own (independently of the "whereas" clauses);

—those resolutions seeking to establish policy should state so clearly;

—the "whereas" clauses should provide succinct, clearly stated and accurate supporting data.

Resolutions fall into three categories: pro forma, programmatic and policy. The pro forma resolution commends or memorializes. Programmatic resolutions call for action on an issue, but do not set policy unless clearly labelled thus. Policy resolutions establish ISMS policy; they can, but do not necessarily, call for programmatic activity.

Making a difference

Does all the effort used to generate and debate resolutions benefit organized medicine? Or are those policies merely a little-read chronicle of medicine's collective thinking on issues? That's a question ISMS leaders and delegates often hear. Acknowledges Dr. Hoffmann, "While there are some tough issues that can't be solved through resolutions—such as global problems on which we have a clear minority view—many other issues can be. Laws have been changed; there have been changes in how we deal with Illinois regulators, all based on one idea from an individual physician."

Echoes Dr. Cummings, "The role of ISMS delegates is to solicit resolutions from physicians, based on local problems in their communities, so that organized medicine can address relevant concerns. It's up to delegates to make and process, and its importance, known." ▲

Premarital AIDS testing: one resolution's impact

WHEN ILLINOIS lawmakers passed a law requiring every engaged couple in the state to have an AIDS virus test before being issued a marriage license, many physicians and public health professionals voiced concern about the costs of testing a generally low-risk population. Yet, the law took effect January 1, 1988; doctors began ordering AIDS virus tests for their marrying patients.

Some ISMS physicians didn't stop there, however. Their continuing concerns, embodied in a resolution they pursued, demonstrate how a single ISMS policy—in this case proposed by ISMS delegate Dennis Brown, M.D. on behalf of the organization's hospital medical staff section—can translate into successful legislative action.

Dr. Brown, a Schaumburg family physician, says the idea for repeal first occurred to him when a steady stream of patients approached him to request the test before marriage. The law struck him as unfair, he says, by "putting a big economic burden on couples. In fact, I'd send them to the hospital for the AIDS tests, because the laboratories I used for other tests were so expensive [for the premarital AIDS tests]."

Dr. Brown drafted a repeal resolution for consideration by the ISMS hospital medical staff section—a special assembly of hospital medical staff representatives who discuss physicians' hospital-related issues and concerns. After unanimous passage there, the resolution was forwarded to the full ISMS House of Delegates.

Labelled Resolution 25, the premarital AIDS testing resolution came before a House reference committee for testimony and discussion during the 1988 ISMS annual meeting. That reference committee recommended passage of Resolution 25, but broadened the language to give ISMS more flexibility in timing its repeal efforts.



Dennis Brown, M.D., introduced a resolution to repeal Illinois' premarital AIDS testing law.

ILLINOIS STATE MEDICAL SOCIETY

Resolut
(A-88)

Introduced by: Dennis M. Brown, M.D., for the Hospital Medical Staff Section

Subject: Mandatory Pre-Marital HIV Testing .

Referred to: Reference Committee D

Whereas, All engaged couples in Illinois as of Janu. mandated by Public Law to have pre-marital HIV tests: a

Whereas, This law causes harsh economic burdens on and

Approved by the full House, the resolution's final version read, "Resolved, that ISMS actively work with state legislators to repeal this law as soon as possible."

With forceful policy opposing the state's premarital AIDS testing law, ISMS worked hard to convince state lawmakers. On June 23, 1989, the Illinois General Assembly, at the collective urging of ISMS, public health officials and county clerks who had been losing marriage license business to neighboring states, repealed the law.

Says Dr. Brown, "Absolutely, ISMS policy made a difference in the debate. Our policy was prominently featured in my local media, and I suspect statewide."

Dr. Brown encourages other Illinois physicians to use their local arm of organized medicine to air issues and propose solutions. Even if the resolution is not ultimately adopted, he argues, a "fair hearing" by medical peers is of great value to thrash out problems, issues and strategies.

Of Resolution 25's ultimate fate, Dr. Brown emphasizes, "Here's a concrete example of how the system can transform an individual idea into reality. The leadership of organized medicine was crucial." ▲

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE

707 South Wood Street
Chicago, IL 60612

ACCME Accredited

March — May, 1990

- ☐ Advances in Pediatrics, 1990 March 5 - 9, 1990
- ☐ Advances in Family Medicine, 1990 March 12 - 16, 1990
- ☐ General Surgery Update, 1990 (The Cloister, Sea Island, Ga.) March 19 - 22, 1990
- ☐ Fiberoptic Colonoscopy March 21 - 23, 1990
- ☐ Fiberoptic Esophagogastric Endoscopy March 26 - 28, 1990
- ☐ High-Risk Obstetrics, 1990 March 29 - 31, 1990
- ☐ Advances in Internal Medicine, 1990 (Four Seasons Biltmore, Santa Barbara, Calif.) April 2 - 5, 1990
- ☐ Advances in Emergency Medicine, 1990 April 16 - 18, 1990
- ☐ Specialty Review in Urology April 16 - 21, 1990
- ☐ Modern Trauma Management: The First 24 Hours April 19 - 21, 1990
- ☐ Specialty Review in Obstetrics and Gynecology April 29 - May 5, 1990
- ☐ Advances in Surgery, 1990 April 30 - May 4, 1990
- ☐ Specialty Review in Family Medicine May 5 - 11, 1990
- ☐ Adolescent Medicine May 10 - 12, 1990
- ☐ Perioperative Medicine for the Consultant May 10 - 12, 1990
- ☐ Specialty Review in Anesthesiology May 12 - 18, 1990
- ☐ Specialty Review in Pediatric Hematology/Oncology May 14 - 16, 1990
- ☐ Advances in Pediatric Cardiology May 30 - June 1, 1990
- ☐ Advances in Colon and Rectal Surgery for the General Surgeon May 31 - June 1, 1990

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____

Address _____

City _____

State _____ Zip _____

Call toll-free today!

1-800-621-4651

(continued from page 1)

ISMS makes waste category recommendations

In a March 1989 Illinois EPA forum, Dr. Von Behren presented testimony requesting a distinction be made between infectious waste and medical waste. "The definitions and classifications used must be uniform, and understood by regulatory agencies and medical waste generators as well as the general public," it said.

To be considered infectious, waste must be capable of causing disease by containing a pathogen of sufficient virulence, having a large dose of the pathogen, reaching a portal of entry into a person and finding low resistence in the person, the testimony said.

ISMS testimony also urged regulators to categorize infectious waste into four categories: contaminated sharps (needles, broken glass, etc.); cultures and stocks of infectious agents (petri dishes); blood and blood products; and pathological waste (surgically removed tissue). Only items with high concentrations of potentially infectious biological materials should be handled specially, it stated.

"Most items in a physician's office," said Dr. Von Behren, "are not infectious, but office staffs need education on identifying, separating and disposing properly of those small number of items where a pathogen potentially exists. A tracking system," he added, "will not solve the problem of negligent handling of wastes. A medical waste strategy must be cost-effective, and take into account both present activities to reduce infectious disease and limited resources available to dispose of medical and infectious waste."

A resolution referred to the ISMS Board of Trustees by last year's House of Delegates urged ISMS to support legislation explicitly defining hazardous medical waste and establishing disposal guidelines. But the ISMS board recommended January 20 that such legislation would be premature prior to deliberations of the governor's study group. That recommendation will go before the 1990 House this spring for a final decision.


SIU School of Medicine

Custom Medical Stock Photo, Inc.

Left: Larry A. Von Behren, M.D. Above: Medical waste disposal has entered the public spotlight.

Public officials comment

"While there may be some problems with the disposal of some medical waste, the published and much celebrated reports of infectious waste appearing on beaches are isolated incidents," said Rep. Judy Baar Topinka (R-North Riverside), chief sponsor of the task force proposal approved by the General Assembly. "We do not need comprehensive legislation to address this issue, but rather some simple legislation that is effective both in terms of good disposal policy and cost effectiveness."

The governor's group plans to report its findings to him this spring. Findings and recommendations of the second task force will be reported to Illinois EPA and the Illinois Department of Public Health by January 1, 1991.

Watson said Illinois' EPA regulations need to provide more uniform definitions. "The regulations only regulate hazardous, infectious hospital waste," he said. "If a doctor's office generates infectious waste, needles or gauze, those materials are presently regulated no differently than any other garbage thrown out. It could go to any municipal landfill. "However," Watson added, "the same waste generated at a hospital is presently classified as hazardous."

Illinois goes it alone

The federal program from which Thompson opted out was established by Congress under the Medical Waste Tracking Act (MWTA) of 1988. Prompted by washed-up medical waste on east coast beaches and parts of the Great Lakes, the federal program, directed by the United States Environmental Protection Agency (EPA), initially involved 10 states in a two-year demonstration program to track 11 categories of medical waste.

Ultimately, only four northeastern states and Puerto Rico joined the federal program. The US EPA also narrowed tracking to five categories: cultures and stocks of infectious agents; pathological wastes; blood and blood products; sharps; and animal carcasses that were exposed to infectious agents in research.

In response to input from medical providers including ISMS, and a review of Illinois' current efforts in this area, the governor outlined his reasons for non-participation in an April 21, 1989 letter to the US EPA.

The governor noted that US assistance to help fund Illinois' participation was "simply not sufficient," and that Illinois hospitals, which would account for 60 percent of waste involved, already track infectious medical waste. ▲

Study to begin McLean County physicians join wastewater project

FOLLOWING SPARSE rains, several years of drought conditions and months of water use restrictions for McLean County, physicians there decided to get involved in a local effort to find a long-term solution to the community's water supply shortage.

The effort began with a July 1989 proposal from Illinois State University (ISU) to supplement McLean County's water supply shortage by recycling treated water from the Bloomington-Normal Sanitary District. ISU presented the idea to the sanitary district, the Bloomington and Normal city councils and the Department of Energy and Natural Resources (DNR) in the autumn for help with funding the two-year, $180,000 proposal. ISU and the state recently approved funding of $50,000 each for ISU to conduct a comprehensive study scheduled to begin in March into the feasibility and safety of the proposed recycling program. Meanwhile the Bloomington city council is expected to vote later this month on whether to provide the project with its slated share of $80,000.

At issue in the community is


John Krueger, M.D. (left) and Seymour Goldberg, M.D.

whether recycled wastewater is safe to drink, said John Krueger, M.D., a Bloomington internist and ISMS delegate. "There have been multiple proposals of how to supplement our community's water supply shortage. But if we do decide to use recycled water, the biggest objection is people's emotional reactions to drinking recycled water. As a medical community," Dr. Krueger emphasized, "we could help overcome this concern if physicians could be convinced as a group that this is a practical and feasible way to deal with our water shortage."

He added that the project provides an "ideal way for physicians to get involved in their community. So many times we're put in defensive positions. Medicine is changing and we're always reacting. Now comes a project that we can actually be in favor of in our community."

J. Richard Doud, M.D., a general surgeon in Normal, agreed. "We are all concerned that the community have enough water," Dr. Doud said. "Industry is using it faster and faster and there have to be concerned citizens. Doctors are no different from anyone else as far as concerned citizens go, in maintaining a supply of water."

Medical society supports study

As a result, two months ago, the McLean County Medical Society (MCMS) adopted a resolution to support the proposed ISU study. "The proposal was presented at the executive committee meeting, which approved it and brought it to the full body. Everybody thought it was a wonderful idea," said Seymour Goldberg, M.D., MCMS president. "The plan for investigation that we received from ISU," Dr. Goldberg added, "is extremely well thought out."

The sanitary district produces about eight million gallons of water daily, and some of that water is currently being used by communities outside of Bloomington, such as Decatur. Under the proposed plan, water would be stopped at the sanitary district and pumped through a pipeline back to its origin, Evergreen Lake in Bloomington.

"If the medical community supports the study, perhaps those people who were a bit squeamish about drinking recycled water would say, 'If a doctor supports the project, maybe it's safe.' But before we can do that, we have to be convinced that this is safe and practical," said Dr. Krueger. The study will address the safety issue, according to ISU.

"As it stands now, the water from the sanitary district is of 'very high quality,'" agreed Robert Nelson, Ph.D., associate professor of geology at ISU who will be involved with the study. "We will be conducting an environmental assessment of Lake Evergreen to find out what are the conditions and what are the chemistry and biology of the water coming out of the sanitary district."

"The only water resource that is increasing throughout the county is that produced by the water treatment plants," Dr. Nelson added. "We're depleting ground water resources, we're using more and more of the surface water."

Mike Callahan, executive director of the Bloomington-Normal Sanitary District, said the next step before ISU begins its research is to receive comments from the Illinois Environmental Protection Agency (EPA) to incorporate into the study. "The Illinois EPA's two primary questions in the ISU study," Callahan noted, "are what the ecological impact is on the receiving lake and what are the effects on the use of the lake as a public water supply."

"Once these facts are known, this plan can be compared in a cost effective manner to other possible water sources that might be available," he added. "The idea is intriguing." ▲

Illinois psychiatrists express alarm over insurer use of psychologists

by Karen Beshears

ILLINOIS psychiatrists are alarmed by the Blue Cross/Blue Shield of Illinois (BC/BS) decision to hire a psychologist-run, California-based group to provide mental health care and substance abuse treatment services in the Rockford area.

BC/BS of Illinois officials say their organization began offering the same type of coverage to about 75,000 people in Chicago on January 1.

The California group is South San Francisco-based American Biodyne, Inc., founded by Chairman and CEO Nicholas Cummings, a psychologist and former president of the American Psychological Association (APA).

Biodyne, whose name derives from the Greek words meaning "life change," works for a capitation rate only and provides care with no copayment from the patient. The group, which has a psychiatrist, Bernard S. Rappaport, M.D., as vice-president and medical director, works on the principle that most mental health care and substance abuse treatment can be handled on a short-term intermittent outpatient basis.

BC/BS of Illinois' Vice-President for Health Care Services, Bradford Buxton, says the insurance company researched the nation before hiring Biodyne in an effort to cut costs while maintaining quality care.

"The message we want to get out is there are other ways to provide psychiatric and substance abuse care," Buxton says. "Biodyne is an alternative. We didn't want to fix the problem by reducing benefits; that creates more problems than it solves."

Buxton notes that BC/BS has felt pressure, whether direct or indirect, from employers, to address the issue of costs related to mental health benefit plans.

Ira Halper, M.D., chair of the Illinois Psychiatric Society (IPS) Insurance Committee, says Blue Cross "has made a serious error in judgment" in what he calls an "outrageous contract" with Biodyne. "It's an affront not only to members of the Illinois Psychiatric Society but to every physician in the state," he says.

"It's not outrageous because psychologists are incompetent to do psychotherapy," Dr. Halper adds, complimenting the psychologists he works with. "It is rather giving a contract to a psychologist-led group to provide managed care medical services."

If Blue Cross puts psychologists in that role, then it could put a physical therapist in charge of orthopedic work instead of orthopedic surgeons, or optometrists over ophthalmologists, Dr. Halper asserts.

Buxton says such a scenario is unlikely, but that variations in managed health care plans are already in place and more are likely. "We contract with free-standing substance abuse or surgical centers . . . This is no more than a PPO/HMO contract with a group of specialists."



Bradford Buxton, BC/BS vice-president for health care services, says BC/BS "searched the nation" before turning to psychologists for mental health treatment.

Biodyne in Rockford

Buxton offers the following cost facts which led to the decision to hire Biodyne, based in South San Francisco, for a pilot project for 10,000 clients of the BC/BS' HMO Illinois in Rockford:

- Statewide in 1982, about three percent of all hospital inpatients were psychiatric and substance abuse cases.
- During the first six months of 1988, 10 percent of all inpatients were psychiatric and substance abuse patients. Psychiatric admissions had increased 200 percent in that time, Buxton says.
- Between 1982 and 1988, inpatient days for these two categories increased from 8 to 30 percent of all hospital days for BC/BS clients.
- During the same time period the average length of hospital stay for substance abuse treatment increased from 11 days to 19 days. The average stay for psychiatric cases increased from 22 to 24 days.
- Total charges increased 194 percent. The average case in 1982 cost $3,300; the average in the first six months of 1988 was $7,200.

In Rockford, substance abuse/psychiatric services until January were provided by members of the Black Hawk Area Individual Practice Association (BAIPA) which has about 500 physician members, or 70 percent of the doctors, in a 10-county area. Robert Carlson, BAIPA's executive vice-president, says the IPA was losing money on both services. The target was 60 hospital days per 1,000 patients per year for cases with a primary diagnosis of substance abuse or psychiatric problems. But usage was nearly double that amount, he adds.

By comparison, a medical audit of Biodyne's Rockford cases in late November shows hospitalization was necessary for substance abuse/psychiatric reasons for only one person out of each 1,000 covered (annualized since it is an 11-month figure). Hospital days were 3 per 1,000 subscribers and the average length of stay was 7.4 days, Buxton says.

Success can only be appraised later

The ultimate success of the treatment procedures in question can only be determined over a longer period of time, but the early results are promising, Buxton asserts.

In the two years preceding 1989, BAIPA and BC/BS attempted to control costs by encouraging out patient care, but without impact, Carlson says. In 1988, the two organizations limited benefits from 30 days per year to 14, but use was still at maximum, he says.

Local mental health providers were asked to submit bids for a managed health care plan, also with no success, says Buxton. Meanwhile Blue Cross had found Biodyne, which in turn contracted with and trained two Rockford psychologists in its methods, and hired a psychiatrist as consultant.

"Our experience with the Biodyne program is very good. They work patients in quickly and send a report back to the primary care physician," says Carlson. "The communication is good, which was not always the case with the old system."

Most area psychiatrists are still members of BAIPA, he said. Heritage National Health Plan (HNHP), a Moline-based HMO which contracts with BAPA doctors, changed over to a managed care mental health plan December 1, he says. Heritage is not using Biodyne, but will refer all patients to one group of Rockford psychologists, Carlson says.

Biodyne's psychiatrist talks

Biodyne's medical director, Bernard S. Rappaport, M.D., says the Biodyne approach does not eliminate psychiatrists, but uses them as consultants. "We don't want psychologists to practice medicine," he says.

"I think it comes down to a turf battle," Dr. Rappaport says. "The mental health pie is getting split and psychiatrists are fighting for theirs. We [at Biodyne have] stopped calling it interdisciplinary. It's one discipline, mental health care," he says. While psychiatrists with a medical degree have more education, many psychologists know more about pharmaceuticals and treatment, he asserts.

People covered by Biodyne who must be hospitalized are hospitalized, Dr. Rappaport says. And Biodyne clinics use standard psychiatric diagnoses as outlined by the American Psychiatric Association in DSM III (1980), he says.

Biodyne was founded in 1985 and now contracts mental health services for nearly 2 million beneficiaries in nine states. All contracts are with insurance companies at a capitation rate. The company hires psychologists, with psychiatrists as consultants in each community.

The psychiatrists' argument

Nada Stotland, M.D., IPS president, says she's concerned for the mental health patient under a psychologist-run program. "There is a consensus," she says, "that people with emotional and behavioral symptoms should be evaluated by a psychiatrist before [they have treatment], because many behavioral symptoms are reactions to medication or medical illness."

Further, Dr. Stotland continues, "These kinds of tests can be performed by a team which includes both. But the psychiatrist is best trained to recognize, and best trained to offer, the full range of treatments. In the last analysis, the patient decides; but the best professional should be available."

Buxton says Blue Cross is not laying blame. "The issue is that it's time to take a close look at mental health and substance abuse treatment and where it's done and how it's paid for," he says.

Dr. Halper says he has no quarrel with Biodyne's use of specific protocols for treating a variety of mental ills or against short-term intermittent care as Biodyne prefers, if that's what the patient needs.

"But this is marketing material and should be taken in that context," he says, referring to documents that Biodyne uses to sell its program. "While I have no quarrel with short-term psychotherapy, this paper does not justify giving the contract to Biodyne."

VACATION SEMINARS

— Fully Accredited —

Medical Malpractice
"Damage Control" and
AIDS: An Overview

(Satisfies Relicensure Requirements)

2-5 Day Programs
Offered WEEKLY At:

4 CLUB MED VILLAGES
(Dom. Rep., FL, Mex., Nassau)
DISNEY WORLD*, CRESTED BUTTE (CO)
LAKE PLACID, LAKE TAHOE
MIAMI BEACH, N. CONWAY (NH)
PHOENIX, POCONO MTS. (PA)
SAN DIEGO, STEAMBOAT SPRINGS (CO),
& a DUDE RANCH (AR)
*3 & 4 day Bahamas Cruises
offered (special rate)

Registration fee: $125-225
(8-20 hours CME)
Spouse Free

Presented by:
CURRENT CONCEPT SEMINARS
America's Largest Independent
Producer of CME Programs
5700 Stirling Road, Hollywood, FL 33021
(305) 966-1009 · (800) 969-1009

Last year the average lineman in pro football was 6′-6″ tall and weighed 275 lbs. The *leading scorer* was only 6 ft., 200 lbs.

The Moral: **Size isn't everything.**



Whether it's football or malpractice insurance, leadership has little to do with size. You don't have to be the biggest person on the field to dictate the course of the game or lead the league.

For years, the Illinois professional liability insurance market has been dominated by the "big guys," and there is no question that the major companies have played an important role. But lately, new leadership in the professional liability insurance arena has come from a smaller player: Associated Physicians Insurance Company.

And now, APIC takes the lead again . . .

Recognizing and acting upon improvements in the medical malpractice environment in **DuPage, Kane, Lake, McHenry** and **Vermilion Counties,** APIC has placed these five counties into a new Territory IV. As a result, beginning January 1, 1990, APIC will offer Territory IV physicians premiums that are 10% less than those for physicians in Territory I. This new five-county territory will also benefit from a **statewide rate decrease** that averages 10.5% less than APIC's 1989 premiums.

A new risk territory . . . a statewide decrease in rates . . . that's real leadership. But with APIC, leadership is nothing new . . .

. . . While the big companies were either refusing new physicians' business, or were restricting coverage terms, APIC offered "prior acts" coverage to qualified individual physicians, allowing them to avoid purchasing costly "tail" coverage.

. . . APIC's Partnership Program for Risk Management is breaking new ground in hospital/medical staff cooperation by providing substantial premium savings to policyholders for joint risk management and claim management activities.

. . . APIC took the lead with regard to newly-in-practice physicians by offering them the best discount and terms in the state.

One more point about leadership and size . . .

Smaller doesn't necessarily mean weaker. Just as many smaller football players are "pound-for-pound" as strong as their linemen, we'll match APIC's relative financial strength against any company in the marketplace. APIC's surplus per policyholder is as large as the big guys, and reinsurance protection from Lloyd's of London helps to keep it that way.

So the next time you review your professional liability insurance, consider a quotation from the company that *earns* its leadership position by being better, not bigger . . . Associated Physicians Insurance Company.

Professional Management by
The Hardy Group, Inc.
Underwriting Office:
233 N. Michigan Avenue
Suite 1708
Chicago, IL 60601
(312) 938-3900

Administration and Claims Office:
2300 N. Barrington Road
Suite 200
Hoffman Estates, IL 60195
(708) 310-9900

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Prenatal *(continued from page 1)*

over the last two years about Medicaid patients' access to prenatal and obstetrical care," Dr. Johnson added. "Fewer obstetricians are treating Medicaid patients in almost all of rural Illinois and the inner cities."

Risk assessment, case coordination

ISMS also forwarded to IDPA a recommendation calling for standards to guide doctors in initially and periodically evaluating the physical and mental health of prenatal patients. "The American College of OB/GYN (ACOG) standards on risk assessment should be incorporated as an item . . . addressed in the patient's medical record," said the ISMS letter.

While strongly supporting the need for prenatal risk assessment, ISMS did not recommend use of a particular risk assessment form, "since that may only serve to impede access to care." Since each pregnancy is different and a physician evaluates risk over the course of the pregnancy, the committee also did not support a specific checklist of services for each prenatal visit, apart from ACOG's general guidelines.

ISMS also endorsed the use of IDPA social case managers to help pregnant women get better prenatal services. The TPPP Committee supported the view that an IDPA case manager should keep the physician informed of any ancillary services for which the patient has been referred (including transportation and nutritional, educational and social counselling), to ensure that the physician is aware of the situation.

"Anecdotal data suggests that even if we have an OB on every corner and IDPA reimburses fully for MD services, motivating patients to obtain prenatal care, and follow through with physician instructions, just doesn't happen for some people," said Greg O'Connor, IDPA associate deputy director.

"We hammered out with ISMS," continued O'Connor, "the notion of social case coordination, someone who can take care of all the things a physician doesn't have time to do or probably doesn't know much about, like transportation to a doctor.

"We needed the medical community's endorsement and feedback for requiring physicians to have OB privileges at hospitals in order to get payment for prenatal care from us," he said. "We wanted to avoid having a patient go to a hospital thinking she will be admitted by that doctor, only to find out the doctor doesn't have delivery privileges."

"I think it's very important that we, as physicians, demand a high level of care," said Alfred J. Kiessel, M.D., TPPP Committee chairman. "Our TPPP Committee acknowledged that not only should care be given, but the quality of care should be at a level that any mother might receive in the state."

Representatives of ACOG's Illinois chapter supported ISMS' recommendations.

Increased rates and better access

"As a result of fiscal 1990 appropriations (which increased OB reimbursement rates by 100 percent), IDPA hopes the reimbursement increases for physician services will enable recipients to have better access to medical care," said O'Connor. As of September 1, 1989, IDPA's budgetary allocation for physician services rose from $163 million in fiscal year 1989 to $192 million in fiscal year 1990.

Before Sept. 1, physicians were reimbursed for delivery and prenatal care together as a "global" package for a total of $446 in most Illinois areas. The Sept. 1 changes provide for a delivery only fee increase to $550.

As long as physicians can document appropriate medical care, IDPA will reimburse prenatal visits at $28 per visit. As a result of increased funding by the Illinois General Assembly, reimbursement of all other office visits was increased over 42 percent.

"Once IDPA had resources available for prenatal care, we worked together with ISMS to decide how we could improve access to medical care for Medicaid recipients," said O'Connor.

"Historically, IDPA reimbursement rates for physician services have added to access problems for patients," said Dr. Johnson, who noted that although the raises won't make public aid competitive with private payors, the increases are "the biggest single step IDPA has taken addressing physician concerns in many years and demonstrates significant, meaningful progress."

LeRoy Sprang, M.D., an Evanston OB/GYN agreed, "ISMS has been working hard with IDPA to increase available funds and accessibility for prenatal care to Medicaid recipients. We recognize that a commitment from IDPA for appropriate funding will actually be a better incentive to make inner-city physicians more available to provide prenatal care for Medicaid patients."

"IDPA operates by a simple set of values," said O'Connor. "It's a group belief that frames our everyday decisions. We believe in the sanctity of children so keeping kids healthy is what we're all about. And this goes beyond the belief that kids are sacred; it has to do with investing in our future." ▲

Obituaries

*indicates ISMS member
**indicates member of ISMS Fifty Year Club

Adams
Bradley D. Adams, M.D., of Champaign, died May 24, 1989 at the age of 56. Dr. Adams was a 1958 graduate of Baylor College of Medicine, Houston, Texas.

Blair
Richard G. Blair, M.D., of Huntington, Indiana (formerly of Orion), died June 2, 1989 at the age of 63. Dr. Blair was a 1957 graduate of the Medical School of the National University of Mexico.

Condon
John Byrne Condon, M.D., of Ft. Lauderdale, Florida (formerly of Chicago), died June 7, 1989 at the age of 74. Dr. Condon was a 1940 graduate of Loyola University Stritch School of Medicine, Chicago.

****Dunseth**
Roy C. Dunseth, M.D., of Peoria, died June 22, 1989 at the age of 94. Dr. Dunseth was a 1936 graduate of Loyola University Stritch School of Medicine, Chicago.

****Fishman**
Jerome Fishman, M.D., of Chicago, died June 21, 1989 at the age of 81. Dr. Fishman was a 1933 graduate of Rush Medical College, Chicago.

****Macherey**
William F. Macherey, M.D., of Chicago, died March 18, 1989 at the age of 98. Dr. Macherey was a 1922 graduate of Chicago Medical School.

****Nelson**
Karl M. Nelson, M.D., of Princeton, died May 21, 1989 at the age of 98. Dr. Nelson was a 1920 graduate of Rush Medical College, Chicago.

***Sarmiento**
Carlos E. Sarmiento, M.D., of Hazel Crest, died May 2, 1989 at the age of 66. Dr. Sarmiento was a 1948 graduate of Universidad de la Habana, Facultad de Ciencias, Escuela de Medicina y Estomatologia, Havana, Cuba.

****Scuderi**
Carlo Scuderi, M.D., of River Forest, died May 12, 1989 at the age of 84. Dr. Scuderi was a 1929 graduate of the University of Illinois College of Medicine, Chicago.

***Zitek**
Russell W. Zitek, M.D., of La Grange, died March 30, 1989 at the age of 70. Dr. Zitek was a 1943 graduate of the University of Illinois College of Medicine, Chicago.

Why does
JACKSON & COKER
recruit more physicians each year than any other company?

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

FROM THE ILLINOIS NEWS DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

The physician and surgeon license of Vincent W. Steward, 1221 N. Dearborn St., Chicago, was reprimanded and fined seven thousand dollars ($7,000) after he failed to renew his license but continued to write prescriptions for controlled substances.

The temporary physician and surgeon license of Jan E. Metz, 1403-1/2 Hampshire, Quincy, was issued on two (2) years' probation after he agreed to continue ongoing care for the disease of alcoholism.

An "Order to Cease and Desist" the unlicensed practice of medicine in Illinois was issued to Elizabeth R. Clifton, 112 W. Maine, Perryville, MO, after she performed home births without supervision by a licensed physician.

The physician and surgeon license of Richard A. Mazur, 2321 Indian Ridge Dr., Glenview, was suspended for four (4) months to be followed by two (2) years' probation and fined two thousand five hundred dollars ($2,500) after the Department charged he cooperated with his employer, the Multiplex Medical Institute, in a plan designed by his employer resulting in gross and willful overcharging for professional services not rendered. He also agreed to make himself available to testify at any future hearings regarding the action of the Multiplex Medical Institute.

The physician and surgeon license of Michael D. Cerny, 39 S. Roanoke, Austintown, OH, was issued and placed on three (3) years' probation after he made a misleading statement to the Ohio Medical Board on his application.

The physician and surgeon license of Andrew R. Esposito, 106 S. 14th, Murphysboro, was reprimanded and fined five hundred dollars ($500) after he failed to renew his license from July 31, 1987, until April 6, 1988.

The physician and surgeon license of Richard A. Wilson, 21 Cour La-Salle, Palos Hills, was reprimanded and fined one thousand dollars ($1000) after he failed to renew his license from July 31, 1987, until February 9, 1988.

The physician and surgeon license of Marlu Javier, 237 Waterford Dr., Willowbrook, was reprimanded and fined two thousand dollars ($2,000) after she employed an unlicensed individual and permitted him to practice medicine in her offices without supervision of any kind.

The physician and surgeon license of Everett N. Gibbens, Sarah Bush Lincoln Health Center, Mattoon, was reprimanded and fined three thousand one hundred dollars ($3,100) after he failed to renew his license from July 31, 1987, until July 26, 1988.

The physician and surgeon license of Robert B. Borucki, 2509 Duncan St., Columbia, SC, was issued on five (5) years' probation after he was found to have a prior criminal conviction.

The physician and surgeon and controlled substance licenses of Franz A. Strouch, 1742 N. Main, Canton, were indefinitely suspended after he was convicted of distribution of a Schedule II controlled substance and mail fraud in the United States District Court.

The physician and surgeon license of Roy D. Hankins, 305 S. Morgan St., Mason City, was placed on probation for two (2) years after he committed unprofessional and immoral conduct by entering into a sexual relationship with a patient he had seen as a therapist. ▲

PUBLIC HEALTH REPORT

by Judy Alsofrom

A rare meningitis appears

THE ILLINOIS DEPARTMENT of Public Health (IDPH) is warning physicians to be on the lookout for a rare but potentially epidemic strain of meningitis that has made an appearance in the state.

Two cases of *Neisseria meningitides*—a disease usually associated with pilgrims visiting Mecca—were reported in suburban Chicago in November. The federal Centers for Disease Control (CDC) found these reports so unusual that officials there notified all other health departments in the country about the emergence of this strain.

Illinois public health officials have alerted hospitals to identify the group in diseases such as meningitis, *meningococci bacteremia,* septic arthritis, and epiglottitis when identifying and reporting the causative organism.

Until the 1940s, *Neisseria meningitides* was common in this country, and then, for unknown reasons, disappeared for decades. In 1987, however, there were outbreaks of this strain in Saudi Arabia, particularly in pilgrims returning from Medina, Jeddah, and Mecca. Some brought the strain here from their homeland when visiting as tourists.

Traveler's warning

In the coming weeks, many people from the state will become tourists, so public health officials remind physicians that about 20 percent of the state's reported salmonella and shigella cases were found in travelers to Mexico and the Caribbean. Those going to India and Pakistan are also at risk for these intestinal parasites.

Physicians should instruct patients who plan to vacation in developing nations that the water in these countries is often inadequately treated. Travelers should use only boiled water for washing and brushing their teeth, or bottled carbonated water (as plain bottled water may be bootlegged and not sanitary). Canned or bottled alcoholic and carbonated beverages are safe, but patients should be reminded not to use ice.

Food can also be a problem in tropical resort areas. Patients should be cautioned about inadequately cooked seafood and to avoid raw seafood such as oysters, which may have been raised in sewage-infested waters. Fresh salad should also be avoided for similar reasons, though whole fruit with the peel intact can be consumed after being peeled.

If all advice fails, travelers' diarrhea can be controlled with over-the-counter products containing bismuth subsalicylate, according to "Health Information for International Travel," a publication of the Centers For Disease Control recommends one ounce every three minutes for eight doses as a therapeutic. The department also cautions that Lomotil, which can be useful for some diarrhea cases, can be hazardous if shigella is the causative agent, and does not recommend that it be generally prescribed.

Influenza

Bad news on the influenza front: IDPH officials say Illinois is experiencing what spokesman Tom Schafer calls "sporadic outbreaks of the flu and flu-like illness throughout the state. But nowhere," adds Schafer, "have we identified what we call an official outbreak which would mean that more than 50 percent of the people are sick with the flu." An exact number of flu cases is undeterminable because the ailment is not "reportable." Schafer says Illinois can expect to see the flu virus through at least March and maybe into April. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Family physician—well-equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating, etc. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone—(618) 285-6634.

Twenty-nine physician multispecialty clinic located in desirable east central Wisconsin location is seeking board certified or board qualified orthopedic surgeon to round out its services. Lab, x-ray, excellent hospital. Liberal guarantee and benefits. If interested contact D.F. Sweet, M.D., Fond du Lac Clinic, S. C., 80 Sheboygan Street, Fond du Lac, Wisconsin 54935.

Family practitioners, East Central Illinois. Immediate openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice (group or solo). Attractive support package including benefits. Small, friendly community of 10,000, family oriented environment. Service area of 30,000 people. Located three hours from both Chicago and St. Louis, 90 minutes from Indianapolis, Ind. Exceptional recreational, cultural, and educational opportunities. Modern, well-equipped, 49-bed, JCAH accredited facility. Contact: John M. Dillon, Administrator, Paris Community Hospital, East Court Street, Paris, IL 61944; (217) 465-4141.

Georgia. Family practice—internal medicine—oncology — endocrinology — neurosurgery — neurology—general surgery—orthopedic surgery. Group practice, solo, or urgent care settings available through the Charter hospital network located in Macon and serving all of middle Georgia. Your practice will be located 80 miles south of Atlanta, in a growing family-oriented community, where you can avoid traffic and enjoy a rewarding professional career. Please contact Stephen Wofford at 912/741-6283 for a confidential consultation or write: Charter Northside Hospital, P.O. Box 4627, Macon, Georgia 31208.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2147, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Anesthesiologists BE/BC. Large, well established single specialty practice seeks additional anesthesiologists. All surgical subspecialties represented. Minimal OB and pain management. Excellent financial package. Early partnership. Send CV to: Associated Anesthesiologists, S.C., 5401 N. Knoxville, Suite 49, Peoria, IL 61614.

Medical center seeking physicians to work part time or on a time share office arrangement in the following specialties: gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Sue Shidler, Administrator, 1455 Golf Road, Suite 204, Des Plaines, IL 60017-2237 or call 708/390-9300.

Healthline Physician Services, an affiliate of St. Louis University Medical Center, is recruiting for an emergency department medical director and staff physicians at Hannibal Regional; Hannibal, Missouri. Growth oriented program in historic Missouri river town. Good compensation, benefits, paid liability. Part-time/locum tenens also available. Contact William J. Salmo, Healthline Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, Missouri 63108; 1-800-443-3901.

Ophthalmologist to share ultra-modern office in Wilmette. Two lanes, business office, M.D. office, large waiting area. Call: Rick at (708) 587-3030.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparoscopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

HealthLine Physician Services, affiliated with St. Louis University Medical Center, has full-time opportunities for the following specialties: BC family practice, BC pediatrics, BC or BE internal medicine. Income guaranteed, no capital investment. HealthLine also has part-time/full-time emergency medicine, clinic, locum tenens positions throughout the St. Louis area and nearby central/southern Illinois. Paid malpractice, flexible schedules, no call, no overhead; challenging medicine. Contact: Bill Salmo, HealthLine Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, MO 63108. 1-800-443-3901.

Meyer Medical Group, 28 physician primary care group with offices in S.W. Chicago and Orland Park seeking board certified/board eligible physicians from good programs in OB/Gyn, internal medicine, and peds. Write to Medical Director, Meyer Medical Group, 10444 S. Kedzie Ave., Chicago, IL 60655.

Internist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Send curriculum vitae and resume to Box 2147, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family practitioner-physician, preferably BC/BE to join solo family physician in southwestern Illinois. Computerized, organized, very high collection rate. P.O. Box 655, Granite City, IL 62040.

Two OBG need third OBG. Older partner to retire, very good opportunity to have a solid private practice partnership. Call 708/879-0041.

Ob/Gyn—family practice—general surgery—internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc.; 12724 N. Maplecrest Lane; Mequon, WI 53092; 1-800-243-4353.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795, or in Michigan 1-800-632-3496.

Internist BC/BE to join group of physicians with hospital affiliations: located south suburbs, excellent salary and benefits with incentives and progress to partnership. Send CV to Heather Medical Associates, Ltd., Doctors Pavilion, 17850 South Kedzie Avenue, Hazel Crest, IL 60429.

Large hospital based neonatology group practice has openings for full and part time board eligible and/or board certified neonatologists and pediatricians. Practice currently serves twelve community and two tertiary metropolitan Chicago hospitals. Excellent salary and benefit program includes malpractice insurance. For more information contact John Hylton, Director of Operations, Neonatal & Pediatric Services S.C., 2115 Butterfield Road, Oak Brook, IL 60521; 708/916-8900.

Hauser-Ross Eye Institute and Surgicenter of Sycamore, IL is seeking BC/BE physicians as follows: internist or general practitioner to provide int. med. services for patients of private ophthalmology practice/surgicenter. Responsibilities will include pre-op H and P and EKG interpretation. M-F. No nights, no weekends, no call. Anesthesiologist: full-time for ophthalmology ambulatory surgery center. M-F. Daytime hours only. No call. No inpatient responsibility. Ophthalmologists: general, pediatric, glaucoma, cornea, oculoplastic. High patient population. Excellent financial opportunity. Send CV to Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Drive, Sycamore, IL 60178.

Family practice specialist. Rural resort setting in Arkansas, USA, needs additional physician for rapidly growing medical practice. New, state-of-the-art diagnostic equipment at your disposal in cardiology, gastroenterology, gynecology and obstetrics, laboratory, and ultrasound. Physicians who have passed United States FLEX or Canadian LMCC exams, please send curriculum vitae to: Carl Hurd, Administrator, Garst Medical Center, P.O. Drawer 540, Mountain View, AR 72560.

General surgeon: to join an established eight physician group in a community within one hour's drive of Minneapolis/St. Paul. Excellent guarantee, good call coverage and excellent back-up. Beautiful, scenic Wisconsin community. For more information call Debbie Bakula at 1-800-332-0488.

Des Moines, Iowa. Multispecialty P.C. has immediate need for BC/BE physicians in the following specialties: family/general practice, oncology, dermatology, internal medicine, and OB/GYN. Initial financial package with start-up assistance, coverage, and free lease-space is available. Located in metro-area of 400,000, great schools, diverse cultural activities, college/professional sports. Interested physicians reply to Box 2161, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Michigan City, Indiana—seeking full-time and part-time emergency physicians for 99 bed, low volume hospital emergency department. Excellent compensation, paid malpractice and full benefit package to full-time staff. Opportunity for advancement. Contact Emergency Consultants, Inc., 2240 South Airport Road, Room 17, Traverse City, MI 49684; 1-800-253-1795, or in Michigan 1-800-632-3496.

North Carolina-family practitioner-BC/BE. Several exciting, yet different practice opportunities in fast growing beautiful southern town. Service area of 200,000. All served by 400-plus bed, fully accredited hospital. Send CV and letter to Box 2162, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

77 physician multispecialty group seeks BC/BE ENT physician. Excellent fringe benefits. Full association possible within three years. This group is located in the far western suburbs of Chicago in an area offering excellent schools, housing and recreational facilities. Send CV to Box 2163, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Missouri family practice group seeks fourth physician, BC or BE, for historic community with two private colleges, near major university and medical center. Beautiful area. Recreation and cultural activities. Guarantee and other benefits. Reply in confidence to Mary Murphy, Jonas Physician Search. 1-800-544-6728.

Staff physicians. Western Illinois University is currently seeking staff physicians for its student health center. Staff physicians function as direct providers of diagnostic health care in serving the health care needs of approximately 11,000 students. Beu Health Center offers you: 37.5 hour work week with no hospital call; competitive salary; health and dental insurance, retirement plan, tuition waiver, paid holidays, 24 vacation days per year, paid sick days, malpractice insurance and CME. Please send a letter of application, along with two letters of reference and a resume to: Mr. James Borgstrom, Beu Health Center, Western Illinois University, Macomb, IL 61455.

OB/GYN, family practitioners, internists, pediatricians, orthopedists and general/vascular surgeons: immediate group/solo opportunities in Arizona (Phoenix, Tuscon, and rural communities) and other western states. Numerous excellent positions also available throughout United States. All inquiries confidential. Mitchell & Associates, Inc., P.O. Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

Chicago, IL—Bethany Hospital—conveniently located near west area, modern, moderate volume ED. BC/BE emergency medicine required. Please contact: Diane Temple, EMSCO Management Services, 907 N. Elm, Hinsdale, IL 60521, 708/654-0050.

Chicago, IL—South suburbs—Established hospital satellite ambulatory clinics. EM/FP certification highly desired. Excellent working conditions. Please contact: Terie Cook, EMSCO Management Services, 907 N. Elm, Hinsdale, IL 60521, 708/654-0050.

Nationwide practice opportunities. All specialties. Fees paid by clients. Call: Wanda Parker, E.G. Todd Associates, Inc., 535 Fifth Avenue, Suite 1100, New York, NY 10017. 800/221-4762, or 800/599-6200.

Virginia, Petersburg: very busy ED with 35,000 annual visits. Must have emergency medicine experience and be board certified or board eligible in a primary care specialty, or board prepared in emergency medicine, to work in this high volume/high trauma facility. Excellent medical staff back-up. The Petersburg community is rich in historic tradition. Located 25 miles from Richmond. Competitive compensation plus percentage of gross physician charges. Professional liability insurance procurement program. Contact: Dorothy Haines, Coastal Emergency Services of Richmond, Inc., 9327 Midlothian Turnpike, Dept. SF, Suite 2E, Richmond, VA 23235; 800/277-6638 or 804/320-7549.

Virginia, Portsmouth: historic Portsmouth is a growing energetic city in the Tidewater area. Sports enthusiasts will enjoy fishing and sailing. 21,000 annual ED visits. Excellent opportunity for primary care physician with ED experience. $90,000 to $109,000 including a professional liability insurance procurement program. Contact: Dorothy Haines, Coastal Emergency Services of Richmond, Inc., 9327 Midlothian Turnpike, Dept. SF, Suite 2E, Richmond, VA 23235; 800/277-6638 or 804/320-7549.

Cardiologist. Developing second group of cardiologists for 50,000-plus Kentucky city. Private hospital will provide beautiful office space, income guarantee and other benefits. The community offers four colleges, a midwestern atmosphere, and a host of family activities including indoor ice arena, symphony orchestra, and excellent golf. Call Dawn O'Steen at 800-526-3644 or write E. G. Todd Associates, 3475 Lenox Road, Suite 435, Atlanta, GA 30326.

Regional orthopedic practices. Lucrative orthopedic practices available with several midwestern regional medical centers. Unique opportunities with highly competitive start up compensation packages which include income guarantees, paid malpractice and moving allowance along with additional desirable benefits. These are modern facilities with excellent peer association and up to date surgical equipment. Several locations available! Call Gwyneth Anderson at 800-221-4762 or write to E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

Internist for Nebraska. A growing regional medical center in Nebraska seeks an internist to complement a group of highly qualified peers. Modern, progressive hospital will purchase equipment as needed. Competitive compensation package includes malpractice. Regional community for recreation, culture and shopping. Call Gwyneth Anderson at 800-221-4762. E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

Emergency medicine positions available throughout Illinois and Indiana. Part-time, full-time and medical director opportunities in various settings from low-volume emergency departments to high-volume trauma centers. Physicians earn competitive hourly rates and are offered the best malpractice insurance in the industry. No on-call duty or overhead office expenses. Call Joan E. Logel, Spectrum Emergency Care, 1-800-325-3982, ext. 3087 or 314/878-2280, ext. 3087.

JPA & Associates, Executive Search. Staff dermatologist: growing, prosperous hospital organization in Michigan, BC/BE, excellent compensation/benefit package, including relocation assistance, liberal vacation and CME. Associate medical director: psychiatric hospital, part of profitable hospital corporation in Michigan. BC/BE. Excellent opportunity. For more information contact Joe Aguglia, President, JPA & Associates at 708/355-4629 or send CV to: 312 Tupelo, Suite 2A, Naperville (Chicago), IL 60540.

Situations Wanted

Board-certified Ob/Gyn: seeks practice opportunities in Chicago or Illinois. Trained in family planning, gyn-oncology, liposuction, laser and out-patient ambulatory surgery. Academic experienced. Call at night 312/527-4346 or write R. Crisostomo, Jr., M.D., 300 N. State St. 5135, Chicago, IL 60610.

General practitioner seeking part time position for practice in north central Illinois. Reply to Box 2155, c/o *Illinois Medicine*, 20 N. Michigan Ave. Suite 700, Chicago IL 60602.

Locum coverage available. Board certified licensed radiation oncologist. Reply to Box 2151, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Cryomed colposcope #82752 with 35mm camera, brand new. Call (815) 397-6171.

Practices for sale: PSL, as exclusive medical brokers, is the largest California based company specializing in practice sales. Our specialized services include appraisals, financing, and physician recruitment. Ask for our "green sheet" list of available practices or contact us for a confidential consultation. PSL National, Inc., 4122 E. Chapman Ave., Orange, CA 92669. (714) 771-4331 or fax (714) 771-4782.

Arlington Heights, Illinois: General office space available. 475-920 square feet. Ideal space for counseling center, psychiatrist or psychologist. Excellent location at Palatine Highway and Arlington Heights Road. Please call Jean Kulavic at 708/441-8236 for an appointment.

For sale: Q-Med holter monitor system/real time data analysis. Interspec echocardiogram with doppler. Oxford ambulatory blood pressure monitor. All equipment one year old. Minimal use. Excellent condition. 618/244-7824.

Belleville, IL area urology practice available. Well established. Owner grossing approximately $360,000. Established 20 years. Asking $165,000. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Near Sandwich, IL area: Owner netting $100,000 in this family oriented practice. Located in a professional building. Owner established 8 years. Asking $60,000. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Beautiful Geneva, IL: Owner is anxious to retire and will sell practice for $95,000. Practice has history of grossing $230,000. This is a family practice, but does not include any OB or surgery. Established over 20 years. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Bellwood, IL. Owner wishes to sell this medical clinic which is collecting $50,000 monthly. He would like to stay on as administrator or director. Call Art Smith for details. 708/441-6111.

North Cicero Avenue, Chicago: This general practice is grossing $150,000-plus. Owner seeing 8-10 patients daily. Located in a medical center. Asking $72,000. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

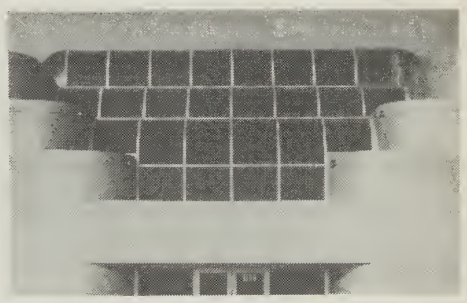
Miscellaneous

$5,000-$60,000: For physicians unsecured signature loans. Available for debt consolidation, investments, tuition, relocations, purchase of medical practices or any need including taxes. Level payments up to six years. No prepayment penalty. For application call toll free: 1-800-331-4952, Dept. 114, Medi-Versal.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

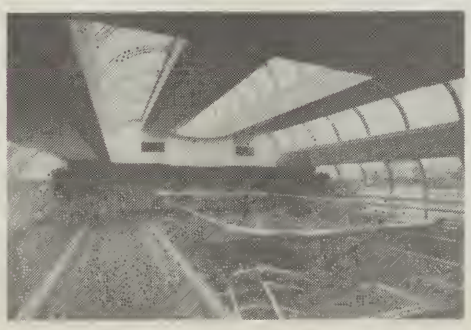
Upgrade your professional image

Practice medicine in the serene yet hi-tech 1700 Medical Surgical Centre where ambience and style blend with the amenities required for your patients.



Your patients live here

Centrally located in Arlington Heights, this architectural treasure offers handicapped accessibility, ample parking and a skylit interior atrium. Within the Northwest suburbs are newcomers comprising executives and their families who wish to receive medical services in an opulent setting. Other potential patients comprise affluent career people and retired seniors who can afford the caliber of services you deliver.



Prime location

Just minutes from the Northwest tollway, Woodfield, or Route 53, location is a key consideration for 1700 Medical Surgical Center. Not only can your patients reach you, but you can also accommodate patients needing the services of nearby hospitals.

There's more . . . call 708-398-3855. Today is your future.

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

NEWLY PRACTICING PHYSICIAN

DISCOUNT

REDUCES YOUR PROFESSIONAL LIABILITY COSTS AS YOU ESTABLISH PRACTICE.

IF YOU ARE A PHYSICIAN ENTERING PRACTICE FOR THE FIRST TIME, OR ENTERING A NEW PRACTICE SPECIALTY UPON COMPLETION OF MEDICAL TRAINING, YOU WILL BE ENTITLED TO A REDUCED PREMIUM FOR THE FIRST TWENTY-ONE MONTHS OF PRACTICE.

The Exchange is physician owned and operated, supported by a staff of insurance professionals. We provide superior advocacy service. We are committed to the Illinois physician.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians **since 1976.**

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

W1 IL117L
v.2 no.4 1990
c.01---------SEQ: SP0063601
TI: ILLINOIS MEDICINE

Redistricting: what it will mean for physicians . . . 12

Illinois Medicine

February 16, 1990

ILLINOIS STATE MEDICAL SOCIETY



State Senator Aldo DeAngelis (R-Olympia Fields) spoke at the February 6 summit meeting.

Draft principles adopted

Provident fate is summit issue

by Kevin O'Brien

THE FATE OF shuttered Provident Hospital on Chicago's south side became an issue at the February 6 Chicago and Cook County Health Care summit meeting, shortly after the summit's policy steering committee adopted a working draft of principles to guide design of a new county-wide health care delivery system.

One day before the meeting, Gov. James Thompson announced that U.S. Housing and Urban Development (HUD) Secretary Jack Kemp had agreed to sell the hospital to the state for $1. Kemp's conditions include establishment of a transition team to oversee the transfer, development of a financial plan for the hospital, and the granting of a Certificate of Need (CON) in accordance with state law. Kemp also required that "necessary steps to reopen Provident [be taken] within 100 days from the date of this letter."

The $1 pricetag has been Cook County President George Dunne's long-standing offer for the 300-bed facility, which has been closed since September 1987. Use of Provident, in conjunction with construction of a smaller county hospital and other options, has been touted as an integral part of a possible county hospital system reconfiguration. Thompson said the state plans to transfer ownership to the county pending recommendations from the summit.

But the New Provident Community Hospital Association, a community group which has been seeking to acquire the hospital for the last year, says it will continue its effort to return Provident to Afro-American ownership. The day Kemp's decision was announced, the group asked

(continued on page 2)

"Partners for Health" campaign puts physicians and seniors on common ground

AS HE TRAVELS around the state during his term, Illinois State Medical Society (ISMS) President Eugene Johnson, M.D., talks about how the aging of society and pressures to cut health care costs are changing the country in general and health care in particular.

Twelve percent of Americans are already over age 65, Dr. Johnson has noted, and they account for one-third of the United States' health care expenditures. In another 60 years, the U.S. Census Bureau projects more than one in five people will be over age 65. Health care costs will presumably rise as a result of the added cost of seniors' care.

Illinois physicians are watching their patient population age right along with the statistics. They are seeing mountains of paperwork and miles of red tape loom ever larger between them and their patients. And they are sensing a note of strain in their relations with some seniors over the cost-cutting measures being applied in the Medicare program.

Earlier this month, ISMS launched "Partners for Health," a campaign to bring seniors and doctors together by improving communication in the doctor's office and in the community. "Partners for Health" aims to increase seniors' understanding of medical issues and foster more cooperative relations between senior organizations and physicians.

"Partners" is getting some pretty impressive support. In preparing for the campaign, ISMS asked several Illinois celebrities to participate in its radio public service announcement plan, and received an extremely positive response.

The first announcement, released to radio stations throughout the state this month, features former President Ronald Reagan. He tells seniors the importance of talking to their doctor about all their health concerns and making doctors their partners for health. Public service announcements featuring sports announcer Jack Brickhouse, Governor James R. Thompson and his father, J. Robert Thompson, M.D., and advice columnist Ann Landers will air later in the year. Each radio spot encourages seniors to view their doctors as partners, and invites

(continued on page 10)





Jon McGinty

The Crusader Clinic's old (left) and new headquarters (right).

Rockford physicians benefit the medically indigent

by Kevin M. Kelleghan

PHYSICIANS involved in helping Rockford's medically indigent patients saw their efforts rewarded last month, when the clinic they contribute to announced that the city's doctors had matched an anonymous challenge grant of $100,000.

The Crusaders Central Clinic Association, the parent organization of the Rockford Crusader Clinic, announced January 17 that physician donations to the clinic more than reached a target established two years ago by the anonymous local donor who had challenged doctors to match his grant. More than 50 percent of physicians in the Rockford area contributed to match the challenge, the association noted.

"I am grateful to the physicians of Rockford," said James E. Bane, M.D.,

(continued on page 18)

In this issue

Report cites AMA financial losses 2
Task force examines life-sustaining treatment 3
Great moments in Illinois medicine 5
Board briefs 5
Malpractice reform: a better climate for MDs? 6
New naprapath suit hits 7
Decatur looks at its infant mortality rate 8
PRO: sanction hearings now required 14

FED 20 1990
AMA
MEDICINE

BETHESDA MD 20894
8600 ROCKVILLE PIKE
TS INDEX MEDICUS
NATIONAL LIB OF MEDICINE
0206 IM
********** 3 DIGIT SCF 208

AMA losses on executive staff homes reported

THE AMERICAN Medical Association (AMA) lost money on home purchases from top staffers in 1980 and 1984, the *Chicago Sun Times* revealed February 4. In 1984, the AMA bought the Inverness home of its chief executive officer, James H. Sammons, M.D., for $280,000, and sold it in 1985 for $235,000. Likewise, it bought then second-in-command Joe D. Miller's Wheaton home in 1980 for $170,000, and sold it for $147,000. An AMA statement said the purchases of the Miller and Sammons residences were authorized by its Board of Trustees.

Dr. Sammons' actions have been closely curtailed and scrutinized since the AMA Board and House in December chastised him for using poor judgment in two earlier financial expenditures involving staffers' financial dealings. Both those earlier expenditures had cost the AMA money, and were not known by the Board.

The Illinois State Medical Society (ISMS) has called on the AMA to conduct independent legal, financial and management studies to improve AMA effectiveness and prevent future irregularities. ISMS Board Chairman Harold Jensen, M.D. of Frankfort said he hopes the latest revelations will give the AMA Board "a new impetus to act on Illinois' recommendations and eliminate future abuses." ▲

Summit

(continued from page 1)

the county board to consider its plan for joint operation.

Provident, established almost 100 years ago, had been the city's only black-owned hospital when a $42 million debt forced its closure. Thompson said the New Provident group's failure to come up with the $7.5 million purchase price it offered at a public auction last March was a factor in the decision to acquire the hospital for the county.

The issue emerged at the summit's policy steering committee meeting when summit member State Senator Aldo DeAngelis (R-Olympia Fields), who the day before said he supported "private or community ownership of Provident," told the committee he had successfully intervened with Kemp to prevent a public auction scheduled for January 15. He then asked summiteers to agree that options other than county operation of Provident existed.

Moreover, he sought the committee's approval to so inform Kemp. "Mr. Kemp will be here [in Chicago] in about three hours," said DeAngelis, who is running for the county board presidency, "and I would like to indicate to him, to clear the air, that we don't think the only option is public ownership of the facility."

Cook County Commissioner John Stroger (D-Chicago), while acknowledging the senator's earlier intervention with Kemp, immediately objected to DeAngelis' maneuver. "I don't think this is the proper forum for this decision," said Stroger. Policy steering committee chair Bernard Turnock, M.D., said the summit's system design and management committee "will evaluate a variety of options" regarding Provident. When Stroger again objected, Turnock assured him that the summit would not take any immediate action.

Draft principles approved

Meanwhile, the 39-member policy steering committee took a major step forward in the summit process when they approved a working draft of principles that will guide the work of the 10-member system design and management committee as it works on the specific design of a new health care delivery system. Illinois State Medical Society (ISMS) Board Chairman Harold L. Jensen, M.D., is a member of the policy steering committee, while ISMS Executive Vice President Alexander R. Lerner sits on the system design and management committee.

The document is considered a working draft to permit revision of the principles as the system committee completes its work over the next two months. The summit's report is due to be presented to Thompson, Dunne and Chicago Mayor Richard M. Daley by April 15.

Unlike the committee's January 9 meeting, when some substantive differences over the draft principles emerged (see *Illinois Medicine*, January 19, 1990), discussion centered mostly on language revisions, usually to strengthen emphasis of certain passages. The most notable revision was one reinforcing the commitment to seek necessary financial resources. A suggestion to strike a provision seeking to restructure the Illinois Medical Assistance Program (Medicaid) to give priority to funding primary, preventive and perinatal services was rejected.

A summary of the principles adopted is as follows:

1. Health care of high quality should be equally accessible to all people.
2. Ultimately, the direct and overriding responsibility to assure that the health care needs of the poor are met rests with government.
3. Public health care resources must be allocated where the need is greatest and creative alternatives to public financing should be used to expand access whenever possible.
4. The county's most vulnerable residents, infants, children and pregnant women, should be given priority for service.
5. Primary health care should receive priority for funding as the most effective intervention for achieving good health for the largest number of people.
6. The design of the health care system and mechanisms for paying for health care must:
   - promote comprehensive primary care of high quality;
   - promote coordination and linkages among care givers;
   - provide access to pre-hospital, secondary and tertiary levels of care as they are needed; and
   - reward efficiency in the delivery of care.
7. Public health care services should be based in communities, geographically close to the people who need them, and the public health care system should encompass a broad range of health and other human services.
8. Health care providers must be culturally sensitive to patients. Minority individuals must be recruited into the health care professions.
9. The public health care system must be carefully planned.
10. Authority to plan, finance and provide health services and accountability for the efficient and effective operation of the public health care system must be clearly established; furthermore, all people involved in the system must have an ongoing and meaningful voice in its control. ▲



Wm. Daniels/The Photo Partners

"It's been a long time coming, overdue and very welcome," exults Chicago Department of Health medical director and ISMS trustee Warren Staley, M.D., (center) as he joins Acting Health Commissioner Richard Krieg, Ph.D., (left) and Chicago Mayor Richard M. Daley at the long-awaited January 31 opening at the Roseland Neighborhood Health Center. The clinic is the city's first to have weekend and evening hours. The city has also contracted with nearby Roseland Community Hospital to provide services in what Dr. Krieg hopes will be a public-private partnership model for city clinics. The clinic was renovated in early 1988 during Mayor Eugene Sawyer's administration, and dedicated last March, but stood idle until Daley found the necessary $3 million to open it.

Physician facts

U.S. Abortion Availability by State and County*

STATE	% COUNTIES ABORTION AVAILABLE
Alabama	11.9%
Alaska	26.1%
Arizona	26.7%
Arkansas	5.3%
California	75.9%
Colorado	27.0%
Connecticut	87.5%
Delaware	100.0%
Dist. of Columbia	100.0%
Florida	32.8%
Georgia	18.2%
Hawaii	100.0%
Idaho	15.9%
Illinois	9.8%
Indiana	13.0%
Iowa	10.1%
Kansas	10.5%
Kentucky	2.5%
Louisiana	7.8%
Maine	75.0%
Maryland	54.2%
Massachusetts	85.7%
Michigan	26.5%
Minnesota	5.7%
Mississippi	4.9%
Missouri	7.0%
Montana	10.7%
Nebraska	2.2%
Nevada	17.6%
New Hampshire	50.0%
New Jersey	81.0%
New Mexico	30.3%
New York	74.2%
North Carolina	49.0%
North Dakota	5.7%
Ohio	11.4%
Oklahoma	7.8%
Oregon	36.1%
Pennsylvania	32.8%
Rhode Island	20.0%
South Carolina	10.9%
South Dakota	3.0%
Tennessee	10.5%
Texas	8.7%
Utah	6.9%
Vermont	57.1%
Virginia	16.9%
Washington	38.5%
West Virginia	7.3%
Wisconsin	12.5%
Wyoming	21.7%

Source of Data. Alan Guttmacher Institute, 1989.

* Based on 1985 data

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

Draft report on life-sustaining treatment released

by Kevin O'Brien

PATIENTS SUFFERING from terminal or incurable illnesses, but who have lost the capacity to make their own decisions, still retain the right to refuse life-sustaining measures without prior judicial review, concludes a recently released draft report of the Cook County State's Attorney's task force on the foregoing of such treatment.

In applicable cases, surrogate decision-makers should be identified, either pursuant to the patient's previously expressed wishes, or according to an established hierarchy of surrogates, the report says. Such surrogates should be exempt from criminal prosecution resulting from any good faith decision to withdraw or withhold life-sustaining treatment made on the patient's behalf.

But the report says the task force did not achieve consensus on the circumstances under which nutrition or hydration may be withdrawn or withheld, nor whether surrogates should be exempt from civil liability for decisions reached in good faith.

These are among 11 conclusions contained in the task force's 82-page draft report that is currently undergoing only minor revision, according to Cook County State's Attorney Cecil A. Partee. Partee told *Illinois Medicine* that, although he did not expect unanimity of opinion among task force members, the report meets his expectations. "The idea was to make certain that every issue, every nuance, every part of the problem was raised and discussed," Partee said, "so that the legislature would have at its disposal all of the matters and questions that were raised concerning it." Partee said he believes a bill on the subject can be drafted that can be a national model.

The 47-member task force is comprised of legal, medical, ethical, religious, and social service experts. Attorney Philip H. Corboy is the task force's chair. Illinois State Medical Society (ISMS) Trustee Jere E. Freidheim, M.D. is a task force member.

The task force met three times between June and December. Following a public comment period that ended January 24, the task force has met once and will meet again to approve its final report. Robert M. Portman, chief executive officer of the State's Attorney's office, said the final report will substantively differ from the draft in only one area. "There will be change in emphasis in the section on economics to reflect the reality that economic considerations are sometimes a factor in such decisions," Portman said.

Dr. Freidheim told *Illinois Medicine* that he substantially agrees with the report's conclusions, but wishes legislation was not necessary. "It seems awkward to have to legislate some of these recommendations, but I think they may have to be," he said.

Guidance needed

The report says that past court decisions have upheld the right of terminally ill patients who retain decision-making capacity to refuse life-sustaining treatment, but that additional guidance was needed for cases involving patients who lack the capacity to decide.

"In an era where it is reported that over 10,000 patients lay in persistent vegetative states in health care facilities throughout the nation, the time has come to return control over the dying process to patients and their families," the report says.

The report says that patient surrogates should base their decisions first on what the patient would have probably decided under the circumstances. If the surrogate is unable to decide on this basis, the decision should then be made in accordance with what is perceived to be in the patient's best interest.

Although the report says that terminally ill patients or their surrogates retain the right to refuse life-sustaining treatment, it recognizes that other parties may have legitimate cause to intervene. Medical facilities, therefore, should have dispute resolution mechanisms in place to handle such cases internally. Only after such mechanisms have been exhausted, should discontented parties seek judicial relief.

Minors' rights

In the case of minors, the report says "there is a rebuttable presumption that it is the parents who should make decisions" on the minor's behalf. However, health care providers have the right to challenge parental decisions if they believe the decisions are not in the child's best interest.

Mature minors, in consultation with their parents and health care providers, have the right to be fully involved in the decision-making process, and assuming such consultation, retain the right to refuse life-sustaining treatment, the report also concludes.

It was parental decision-making on behalf of a minor that led Partee to establish the task force last May. In April 1989, Rudy Linares disconnected his 15-month-old son Sammy from a respirator and artificial feeding tube. Then, while holding members of the Rush-Presbyterian-St. Luke's Medical Center staff at gunpoint, Linares cradled his son in his arms until the infant died. A grand jury refused to indict Linares for murder, but he subsequently pleaded guilty to a weapons charge and was placed on probation. ▲



The practice is yours.
The patients are yours.
The prescriptions are yours.

Make the prescribing decision yours, too.

Check the
"May not substitute" box.

Specify VALIUM® brand of diazepam/Roche® (V)

2-mg
5-mg
10-mg
scored tablets

The cut out "V" design is a registered trademark of Roche Products Inc.

The one you know best.

Copyright © 1988 by Roche Products Inc.
All rights reserved.

ROCHE Roche Products
Roche Products Inc
Manati, Puerto Rico 00701

Editorials

Roseland, Provident and Cook County's health care delivery puzzle

The re-opening of the long-shuttered Roseland Clinic January 31 and the announcement February 5 that US Housing and Urban Development Secretary Jack Kemp plans to sell the currently-closed Provident Hospital to the state for $1, represent hopeful developments in the health services saga in Chicago and Cook County.

Both events are small but positive pieces in the county's exceedingly complex health care puzzle, one which civic leaders are attempting to solve before it becomes unmanageable. We believe part of the answer lies in getting the fullest use out of existing health care resources, including facilities and providers. That's why the Roseland and Provident announcements offer hope.

The Chicago and Cook County health care summit now underway must address a myriad of issues confronting the metropolitan area. Creative thinking on the subject of changing health care needs, evolving health care services usage patterns and access problems, is imperative, in order to help patients and the health care system which serves them. We hope summit leaders can bring together solutions to all these issues, and channel other existing resources for the benefit of all.

Congratulations, Rockford doctors!

Kudos to the physicians of metropolitan Rockford for their fundraising effort on behalf of the Crusader Clinic. More than half the doctors in the area were involved in the successful effort to match a $100,000 challenge grant to the clinic from an anonymous donor.

The Crusader Clinic story shows that physicians are deeply involved in the effort to care for the medically indigent. They are demonstrating their neighborliness and caregiving in a collaborative undertaking with a broad cross-section of health professionals and concerned citizens. Physician efforts range from donating time and services to working full-time for the clinic. Clearly, volunteerism is alive and well in the heartland.

We salute the Crusader Clinic and all the physicians who have contributed their time, effort and funds to ensuring its success. ▲

Illinois Medicine

VOLUME 2, NUMBER 4 **FEBRUARY 16, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
Eugene P. Johnson, M.D., *President*
Harold L. Jensen, M.D., *Chairman of the Board*

***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Suzanne W. Nelson, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



". . . Don't try to discharge Mrs. Mulvaney. She got a restraining order."

Guest Editorial

Working together to benefit our aging society

by Janet Otwell



Lisle Ramsey

A RECENT DAILY newspaper headline read: "Bad news for men, the life expectancy gap is not expected to close soon." The article went on to explain some findings of a recent Georgetown University study which said that, despite recent advances in health, the average newborn boy still can expect a shorter life (71 years) than the average newborn girl (79 years).

As with all statistics or findings, a simplistic interpretation doesn't tell the whole story. Bad news for whom? What about the bad news for women, many of whom spend those "extra" years in nursing homes with chronic debilitating illnesses?

The demographics of our aging society paint a mind-boggling picture. As we head toward the 21st century, when the Baby Boom generation begins to age, we see changes, some good, some not, which will affect not only health care and its costs and access, but also business, labor, religion, minorities, children. And these changes will affect each one of us personally.

A few examples:

- In the mid-1980s, 37,000 Americans were aged 100 or over; by 2050 there will be more than a million.
- A midlife woman today can expect to spend as much time caring for elderly parents as she did caring for her children.
- One in five elderly will reside in a long-term care institution at some point in their lives.
- Paid caregivers of elderly adults and children are primarily women, earning low wages, with few benefits and little training.
- The average years of one's lifetime spent in retirement was 3 percent in 1900; by 1980, it was 20 percent.

Last September, the Illinois Department on Aging named a Committee of Ninety for the Nineties—90 citizens from all over the state and from varying walks of life. We asked that these Ninety help the Department and the Illinois Aging Network (IAN) assess these demographics and begin to chart a course for the 1990s. We've just completed a series of 11 roundtables throughout the state. We've been grateful for the participation of the Illinois State Medical Society in these roundtables.

The Department took this initiative partly to see how we could build bridges to other affected communities such as the health field, business and labor, organized religion, and the networks serving minorities, women and children.

Such bridges are particularly important between the IAN and the medical community. The IAN (consisting of the Department on Aging, the 13 Area Agencies on Aging, providers of services, and older persons themselves) concentrates heavily on keeping older persons independent and in their homes and communities as long as possible. We do this by providing a very broad variety of non-medical services, including health and wellness programs, senior center activities, home-delivered meals, chore and homemaker service, and adult day care.

As the number of Illinoisans over 60 (now 1.9 million) increases, we will need to work harder than ever, both within the IAN and in cooperation with other networks, to make our society responsive to increasing needs. We see several links with the medical community we'd like to enhance: making physicians aware of the array of non-medical services available to patients, which might support the patient or family; linking with hospital discharge planners so they can take advantage of the public case management system of 62 case coordination units throughout the state; and tying in with nurses' training or gerontological training to pass on information and sensitivity to the non-medical needs of older persons.

We'd like to offer ourselves as a resource. The 1990s present us with a challenge: no matter our age, we'll all be living in an aging society. By working together we can make that society benefit all of us. ▲

Janet Otwell is director of the Illinois Department on Aging.

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150 anniversary

Anatomy laws unearth an age-old controversy

WHEN HOSMER JOHNSON, M.D. rose to speak at the ninth annual session of the Illinois State Medical Society (ISMS) in 1859, his colleagues knew they were in for something more than the doctor's usual powerful oratory. This time, Dr. Johnson had a truly explosive topic: grave-robbing.

After a brief introduction, he launched into a paean for the medical men who were forced to perform this grisly task in the name of medical science. "It is no pleasure to them," Dr. Johnson began, "to brave the dangers connected with the procuring of the human subject—to visit, we will suppose, in the silent hour of night, the dismal ghostly cemetery, and with their own hands exhume the body of a fellow mortal; and then, by the light of the midnight taper, to unravel the thread of the mysterious fabric in which our spirit natures are enshrouded; and then," he continued, "in addition to all this to know that over their heads is suspended the sword of legal justice, and that around them, at any moment the waves of popular fury may be rising that shall sweep them from the society, if not from the fair face of God's footstool itself."

Dr. Johnson's speech served as a call to action for legislators to pass a state anatomy act, to give doctors a legal channel for obtaining cadavers for dissection. Until 1874, it was for all intents and purposes illegal for an Illinois doctor to obtain a body for dissection purposes. Yet Illinois was not alone in clinging to the belief that dissection was somehow unholy; a majority of the American public clung to the age-old belief that dissection was—literally—a fate worse than death. As medical historian Otto F. Kampmeier, M.D. has written, it was often reserved as a "posthumous punishment" for the worst criminals and the occasional fallen duelist.

Unfortunately, there were never enough criminals to meet the demand created by practicing physicians thirsting for knowledge, and the growing number of medical schools throughout the state. Grave-robbing was their only option.

The practice was apparently rampant enough in Illinois to warrant passage in 1825 of an act "to prevent the disinterment of the dead." And if magistrates couldn't enforce the law, the public would: in 1849, as a result of their grave-robbing activities, a St. Charles medical student was killed and his teacher permanently crippled by rioters. Similar incidents occurred at medical schools in Jacksonville and Rock Island.

Of course, the act itself was probably punishment enough for the perpetrators, who worked under the dual pressures of detection and decomposition. A body had to be obtained as soon after burial as possible, and lonely rural graveyards were usually chosen as providing the best cover. In the case of medical schools, the dirty work was often done not by impious students (as the public believed) but by a bona fide faculty member who was often appointed to the job, Dr. Kampmeier notes, "as much for his art of body-snatching as for his knowledge of anatomy." It took an expert, after all, to ensure that the job would not be bungled and thus ruin the school's reputation.

Attitudes about dissection gradually changed toward the end of the century, especially when legislators began to realize the dangers of being treated by physicians unfamiliar with basic human anatomy. In 1885, the final form of the Illinois Anatomy Act was passed. Today, dissection is an unquestioned fixture in the training of Illinois physicians—and anatomy class no longer has a trip to the cemetery as a prerequisite. ▲



"A Student's Dream," Printed in 1907 by the W. H. Gallagher Co. Origin unknown.

Letter to the Editor

Ricketts research

In the January 5 issue of *Illinois Medicine,* the article concerning Howard Taylor Ricketts, M.D., and his pioneer research in proving the tick as the host of the virus of Rocky Mountain Spotted Fever caught my eye.

As a student at the George Washington University School of Medicine in the 1930s, my professor of preventative medicine was Roscoe R. Spencer, M.D., of the United States Department of Public Health. Dr. Spencer had been involved in the same research at the laboratory in the Rocky Mountains.

While listening to a radio program one night, I learned that Dr. Spencer had received an award for volunteering to serve as a human guinea pig. It seems that a vaccine had been developed in the laboratory that showed promise. He was bitten by an infected tick and soon became quite ill with the dreaded fever. He received the vaccine and after a period of several days of intense suffering, began to improve and eventually recovered completely.

His son, who was a classmate of mine, confirmed that this indeed was his father.

George T. Mitchell, M.D.
Marshall

Board Briefs

The Illinois State Medical Society (ISMS) Board of Trustees met on January 20. Following are highlights of the board's actions:

Executive Committee

The board agreed that ISMS should draft a letter to John J. Ring, M.D., of the American Medical Association (AMA), citing ISMS' concern over the January 5, 1990 *Journal of the American Medical Association* editorial by George D. Lundberg, M.D.

It also approved a plan that would offer electronic mail service to the 12 staffed county medical societies in Illinois.

Because of limited attendance at the All-Member Conference the last two years and a lack of currently "hot" issues, a one-year moratorium was placed on the All-Member Conference, which will be reconsidered in 1991.

Council on Economics

ISMS will disseminate information about utilization review practices and the problems they cause, particularly as they relate to telephone utilization. The Board accepted the recommendation that ISMS call on the AMA, at its next House of Delegates meeting, to move aggressively to seek changes in the Employee Retirement and Income Security Act of 1974 (ERISA).

The board approved the recommendation that it authorize appropriate parties to meet with the Illinois Farm Bureau to discuss a joint initiative to pursue the issue of access to health care in rural areas.

Governmental Affairs Council

ISMS will communicate with hospital chiefs of staff regarding the new 24-hour notice of hospital discharge law for Medicare patients, in order to help hospital medical staff and administrators plan their implementation of the discharge law.

The board also accepted the council's recommendation to not endorse political candidates or accept political advertising in *Illinois Medicine,* based on ISMS policy.

Council on Public Relations and Membership Services

A new senior citizen outreach campaign, "Seniors and Doctors: Partners for Health," is being launched (see page 1 for details). Intended to build bridges with senior citizen patients and their organizations, the campaign will include radio public service announcements featuring nationally prominent seniors such as former President Ronald Reagan and columnist Ann Landers; the program includes extensive print collateral and speaker training.

Planning and Priorities Committee

The board heard plans for ISMS' sesquicentennial celebration, including a reception in the ISMS Springfield office. Further activities will be announced.

Third Party Payment Processes Committee

The board received a report outlining key provisions of this year's Omnibus Budget Reconciliation Act (OBRA-89), which will affect physician services to Medicare patients. Among these is a complex provision requiring physicians to complete all Medicare Part B claims for their Medicare patients (ICD-9). The committee has requested seminars in order to facilitate compliance with this initiative; it will closely monitor Medicare's implementation of these and other OBRA-89 mandates.

Nominations and appointments

The board endorsed P. John Seward, M.D., of Rockford as a candidate for election to the AMA Board of Trustees. The board had previously approved the candidacy of John J. Ring, M.D., as AMA president.

And it approved the selection of William Cahill, M.D., Paul Groen, M.D., Gary Goforth, D.O., Frank Descourouez, M.D., and Charles Ramsey, M.D. as Team Physician Award winners for 1989-90.

ISMS PHYSICIAN HELP LINE
312-580-2499.

The PHYSICIAN HELP LINE is a confidential, physician-directed advocacy service, linking mentally or physically impaired physicians and their families with helpful resources. Call the PHYSICIAN HELP LINE, when someone you know needs help. 312-580-2499. ▲

Malpractice reform: "a few steps foward" in Illinois?

by Eileen Norris

ASK A PHYSICIAN what effect the malpractice reform of 1985 has had in Illinois in the last five years and the typical response is a far cry from a standing ovation.

"On a scale of one to ten, I'd say we've gone about a 'two' toward solving the problems," offers William Hays, M.D., a family practice physician from Herrin, Illinois.

Ask a plaintiff's attorney to rate the reform and you might get a very different response. "The motive behind the reform was to get the unjustified claims out of the courts," says Dave Dorris, a plaintiff's attorney in Bloomington. "But in the process the valid claims have also been pushed out."

Still, no one disputes the fact that the sheer number of claims filed is down dramatically from 1985, when a surge of suits took place just before a new law to discourage frivolous claims went into effect.

The decrease in suits filed has more or less held steady, with "1,242 suits filed in 1989, two fewer than in 1988, but second highest since the record 3,166 suits in 1985 when the law was changed," reports the *Cook County Jury Verdict Reporter* (which



Bob Dahm

reports on suits filed in Cook County and selected other counties around the state).

"I'm not pleased with the reform," says Alexandra de Saint Phall, a plaintiff's attorney in Springfield. "But it's certainly accomplished its purpose, because the number of claims after 1985 is down—astronomically."

"The climate is stable and better, but it's still not good," says Dr. Hays. Pre-trial screening, ruled unconstitutional by the courts, would cut down claims even more, he adds.

The most significant development in the last five years, say many doctors and attorneys, and the one most credited with the decrease in malpractice litigation, has been the implementation of the certificate of merit law in Illinois. The statute requires an individual suing for medical malpractice to obtain a certificate from a physician stating that the case in question has merit. When first implemented in 1985, some physicians and defense attorneys complained that it was too easy to get a certificate of merit; a 1988 revision of the law requires that the physician certifying merit be in the same area of medicine as the defendant doctor.

The law, challenged in court in the *DeLuna v. St. Elizabeth's Hospital* case (see *Illinois Medicine*, October 27), will be reviewed by the Illinois Supreme Court this spring. The Illinois appellate court for the first district (Cook County) found the law unconstitutional last July, ruling that it gives judicial powers to non-judicial entities; but three other state jurisdictions have upheld its constitutionality.

Supporters of the certificate say it is the single factor most responsible for the recent decrease in malpractice cases in Illinois, and even some plaintiffs' lawyers support it. "We need the certificate of merit," says Robert A. Clifford, president-elect of the Illinois Trial Lawyers' Association (ITLA), "to reduce these kinds of cases, because filing lawsuits without adequate screening is bad for all of us." ITLA originally proposed the certificate of merit concept, then backed away from it when the certificate evolved considerably during its 1985 progress toward passage. The group has not taken an official position since the first district ruling in July.

Defense attorneys have no reservations. "We have fewer frivolous suits as a result of this physician review," states Gary Peplow, a Peoria defense lawyer.

"The certificate of merit is being whittled away by the court," says Carbondale defense attorney Charles Schmidt, who calls the July 1 district ruling "disconcerting." Says Schmidt, "We need to work on that and stand up for it."

What else is positive about the post-1985 malpractice climate? Consumers, in general, may be changing their view of malpractice suits as a result of publicity, says Schmidt.

"There's a subtle, but perceptible change in the public attitude," says Schmidt. "The jury cases we're seeing here are very defense-oriented. I think it's due, at least in part, to the publicity about malpractice and how it affects all of us."

When it comes to a wish list, most physicians would like to see caps on non-economic damages held to $300,000 or less, but few believe legislators in Springfield are ready to pass such a bill. Still, there is widespread feeling among doctors and defense lawyers that the level that has stabilized is far too high.

"It's not just medicine," says James Ahstrom, M.D., an orthopedic surgeon from suburban Chicago. "Society in general is in a mindset to blame and sue if something isn't perfect. I don't know how to change that."

"We have to live with the tort system as it exists now and I don't think caps on damages will be a reality in Illinois soon," says Ulrich Danckers, M.D., a radiologist, ISMS trustee and president of the Chicago Medical Society.

As far as reforms go, nothing meaningful will happen until there are caps on non-economic damages, adds Robert Einhorn, M.D., an Olney pediatrician. "Plaintiffs continue to look to doctors as deep pockets to tap."

Plaintiffs' attorneys believe caps on damages would be very unfair to the victims of malpractice. "To not have any recovery for loss of disability is just truly unfair," says de Saint Phall.

Michael Pace, M.D., a Newton family practitioner, says he thinks malpractice claims should either be capped or have a loss schedule for injuries, much the way the workers compensation system works for job injuries.

Dr. Danckers has an idea that he believes could help the tort reform be even more far-reaching. It includes dismantling the contingency fee system by which plaintiffs' attorneys operate. "They should be paid by the hour," he says, "just like most other attorneys."

"Sharing one-third of the judgment is a system that corrupts and leads to misuse," he adds.

All physicians would like to see their premiums reduced, but most feel they are leveling off from previous years, when radical hikes overshadowed everything else. Still, Dr. Ahstrom estimates that every time he operates on a patient's back, about $1,000 of his patient's bill goes to the insurance company to pay for his premium.

"Our higher premiums are passed on to the patients, so unfortunately it's the medical delivery system that suffers," concludes Dr. Danckers. ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

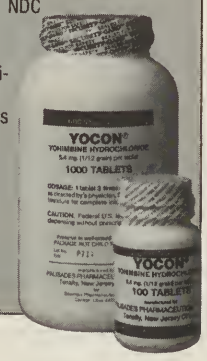
Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85

AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

New naprapath suit charges denial of due process

naprapathy (nah-prap'ah-the): a system of therapy employing manipulation of connective tissue . . . and dietary measures, said to facilitate the recuperative and regenerative processes of the body. *Dorland's Illustrated Medical Dictionary*

by Kevin O'Brien

ON THE HEELS of the U.S. Supreme Court's December 4 refusal to hear a suit which had sought to allow naprapaths limited licensure under the Illinois Medical Practice Act, 101 naprapaths have filed a new suit in federal court alleging their constitutional right to due process has been denied.

In *McGuire, et al v. Selcke, et al,* naprapath Paul Maguire and the other plaintiffs are seeking declaratory and injunctive relief to prohibit the Illinois Department of Professional Regulation (IDPR) from denying them licenses pending an evidentiary hearing.

The suit alleges that Medical Practice Act provisions deny naprapaths their fundamental right to practice their profession. Moreover, it contends the prohibition of naprapathy is unrelated to legislative purpose, and is arbitrary and discriminatory; and naprapaths should not have to be licensed as chiropractors in order to practice naprapathy.

Dorland's Illustrated Medical Dictionary defines naprapathy as "a system of therapy employing manipulation of connective tissue (ligaments, muscles and joints) and dietary measures, said to facilitate the recuperative processes of the body."

Plaintiffs challenge exclusive Medical Practice Act revisions

In its December ruling, the Supreme Court refused a writ of *certiorari* in *Potts v. Illinois Department of Professional Regulation,* which ended a five-year court battle by naprapath Mary Ann Potts. By refusing the writ, the Court let stand an Illinois Supreme Court ruling that upheld the Illinois General Assembly's right to determine appropriate qualifications for those seeking licenses to practice medicine in Illinois.

The Illinois State Medical Society (ISMS) had filed an *amicus curiae* brief in the case, arguing that the legislature appropriately exercised its right to exclude naprapaths, and that naprapathy should not be equated with medical practice by including it under laws governing physicians.

But plaintiffs in the new suit contend that the Illinois court failed to hold a required evidentiary hearing in the *Potts* case to determine whether the prohibition of naprapathy is "rationally related to legitimate governmental purpose." Maguire and the other plaintiffs were not parties to the *Potts* case.

Potts initially filed suit in 1985 after being charged with practicing medicine without a license. At that time, the Medical Practice Act permitted *limited* licensure for "any method of treatment" of human ailments without drugs or surgery, but the phrase "any method of treatment" was generally interpreted to mean chiropractic, not naprapathy. Yet, the appellate court ruled in Potts' favor.

In the interim, however, as part of its "sunset review" process, the legislature revised the Medical Practice Act on May 22, 1987, granting limited licensure to chiropractors only. Medical physicians and osteopathic physicians had always enjoyed unlimited licensure status.

The practical effect of the revision has been that naprapaths must be licensed as chiropractors, which may require them to obtain additional education in order to practice naprapathy. When the new law took effect, Potts refiled her suit, and it is on this action that the Illinois Supreme Court eventually ruled.

Suit charges 'in concert' actions

The new suit contends that, before the Medical Practice Act was amended in May 1987, naprapaths were entitled to be licensed, but were permitted to practice without licensure because IDPR had "erroneously determined that the Act did not authorize the licensure of Doctors of Naprapathy."

The suit also alleges that ISMS and the Illinois Chiropractic Society (ICS) acted in concert with IDPR to pass the amendment and enforce the provisions of the Medical Practice Act prohibiting plaintiffs from practicing naprapathy, thus depriving naprapaths due process. Although identified in the suit, ISMS and ICS are not named as parties.

ISMS Board of Trustees Chairman Harold L. Jensen, M.D. vigorously denied the suit's allegation. "IDPR is the state agency that bears the sole authority and responsibility for licensing practitioners in the various professions in the state of Illinois," Dr. Jensen said. "While ISMS cooperates with IDPR in appropriate matters pertaining to medical licensure, it does not now, nor has it ever, 'acted in concert' with IDPR in any licensure activity." ▲

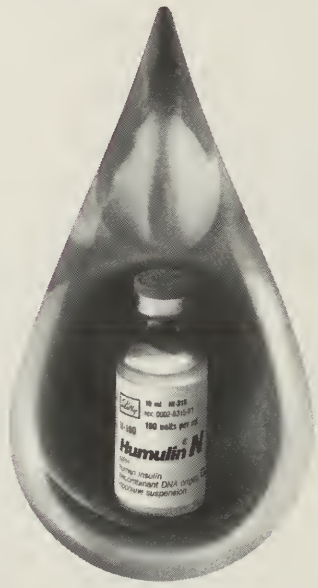
For treatment of diabetes:

Introducing Humulin® 70/30
70% human insulin isophane suspension
30% human insulin injection
(recombinant DNA origin)

REPLACE
Human Insulin



With Human Insulin



Humulin®
human insulin
(recombinant DNA origin)

Any change of insulin should be made cautiously and only under medical supervision.

Lilly Leadership In Diabetes Care

© 1989, ELI LILLY AND COMPANY HI-2914-B 949334

Hospital-sponsored forum looks at Decatur infant mortality

by Janice Rosenberg

ON JANUARY 18, Decatur Memorial Hospital and the Decatur *Herald & Review* sponsored a forum in Decatur on infant mortality in that community and surrounding Macon County. Facts and figures in the *Herald & Review*'s November 8 report, "Brief Lives: A Study of Infant Mortality in Macon County," had sparked public concern and led to convening the forum.

Three separate panels addressed the broad areas being investigated for links to Macon County's infant mortality problem: access to prenatal care, the effect of environmental pollutants, and the efforts of existing social service programs. No "ultimate" conclusions were drawn. But a number of speakers offered the possibility that while prenatal care services are available in Macon County, many pregnant women, for various reasons, have not availed themselves of them.

Mortality rate eighth highest

Macon County, situated midway between Springfield and Champaign in central Illinois, ranked eighth highest among the state's counties according to Illinois Department of Public Health (IDPH) 1988 statistics for infant mortality. In that year, Macon County registered 11.5 deaths per 1000 live births. By comparison, Will County was lowest with 7.8 per 1000, while Vermilion County was highest, with 15.3. Illinois' overall average was 11.2. The "Brief Lives" report questioned, among other factors, why the counties surrounding Macon County have registered far lower infant mortality rates.

"Macon County tends always to be one of the highest in the state," said J. Kent Capps, administrator of IDPH's Families with a Future program, in a telephone interview. "That, coupled with the county's problems of access to prenatal care, makes the figure significant."

Stephen Saunders, M.D., chief of IDPH's division of family health, gave the forum's keynote speech. He pointed out that infant mortality rates fell steadily throughout the United States between 1960 and 1980 because of technological improvements in the care of high-risk infants, but that "We must now address the causes of infant mortality and focus on prevention." Early prenatal care and the correct assessment of a mother's risk level, he added, can make a great deal of difference.

Prenatal care: a direct link

The first panel, made up of medical experts, focused on issues of prenatal health care availability in Macon County. "There is a direct relation between prenatal care and the lowering of the infant mortality rate," said Sharon Bonds, M.D., a Decatur pediatrician. Dr. Bonds noted that a neonatologist has recently been added to the staff at Decatur Memorial. She reported that, while good prenatal care is available in Decatur—both Decatur Memorial Hospital and St. Mary's Hospital have prenatal clinics—not everyone takes advantage of it. "The community must educate women about what is available," she said.

Philip Lynch, M.D., a Decatur obstetrician, noted that "98.5 percent of delivered pregnant women in Macon County have access to prenatal care. Improvement in this figure is not reasonably approachable." He saw the factors now influencing the infant mortality rate as socioeconomic. "The problems that increase

(continued on page 9)



Robert Wilcott/Catchpenny

Participants heard experts discuss infant mortality in Decatur at a forum sponsored by Decatur Memorial Hospital and the Herald & Review.

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

Effective January 1, 1990, listed below are the Hospitals participating in BCBS PPO Network. Although there may be some change in the PPO Network from time to time, selection of Participating Hospitals will continue to be based upon range of services, geographic location, and cost effectiveness of care.

ILLINOIS HOSPITALS

Aledo	Mercer County Hospital
Alton	Alton Memorial Hospital
Anna	Union County Hospital
Arlington Heights	Northwest Community Hospital
Aurora	Mercy Center for Health Care Services
Barrington	Good Shepherd Hospital
Belleville	Memorial Hospital
Belvidere	Highland Hospital
	St. Joseph's Hospital
Benton	Franklin Hospital
Bloomington	Mennonite Hospital
	St. Joseph Hospital
Breese	St. Joseph's Hospital
Canton	Graham Hospital
Carbondale	Memorial Hospital of Carbondale
Carlinville	Carlinville Area Hospital
Carmi	Carmi Township Hospital
Carrollton	Thomas H. Boyd Memorial Hospital
Carthage	Memorial Hospital
Centralia	St. Mary's Hospital
Champaign	Covenant Medical Center Champaign
Chester	Memorial Hospital
Chicago	Bethany Hospital
	Central Community Hospital
	Charter-Barclay Hospital
	Chicago Osteopathic Hospital
	Children's Memorial Hospital
	Columbus Hospital
	Cook County Hospital
	Edgewater Hospital
	Grant Hospital of Chicago
	Holy Cross Hospital
	Illinois Masonic Medical Center
	Jackson Park Hospital
	Mercy Hospital & Medical Center
	Michael Reese Hospital & Medical Center
	Mount Sinai Hospital & Medical Center
	Northwestern Memorial Hospital
	Ravenswood Hospital Medical Center
	Resurrection Hospital
	Roseland Community Hospital
	Schwab Rehabilitation Hospital
	South Chicago Community Hospital
	St. Elizabeth's Hospital
	St. Joseph Hospital
	Swedish Covenant Hospital
	University of Chicago Medical Center
Chicago Heights	St. James Hospital
Clifton	Central Community Hospital
Clinton	John Warner Hospital
Danville	United Samaritans Medical Center
Decatur	Decatur Memorial Hospital
DeKalb	Kishwaukee Community Hospital
Des Plaines	Holy Family Hospital
Dixon	Katherine Shaw Bethea Hospital
Downers Grove	Good Samaritan Hospital
DuQuoin	Marshall Browning Hospital Association
East St. Louis	St. Mary's Hospital
Effingham	St. Anthony's Memorial Hospital
Eldorado	Ferrell Hospital
Elgin	Sherman Hospital
Elmhurst	Elmhurst Memorial Hospital
Eureka	Eureka Community Hospital
Evanston	Evanston Hospital
	St. Francis Hospital
Evergreen Park	Little Company of Mary Hospital
Fairbury	Fairbury Hospital
Fairfield	Fairfield Memorial Hospital
Flora	Clay County Hospital
Forest Park	Riveredge Hospital
Freeport	Freeport Memorial Hospital
Galena	Galena-Strauss Hospital
Galesburg	St. Mary's Hospital
Geneseo	Hammond-Henry District Hospital
Gibson City	Gibson Community Hospital
Glenview	Glenbrook Hospital
Granite City	St. Elizabeth Hospital
Greenville	Edward A. Utlaut Memorial Hospital
Harrisburg	Harrisburg Medical Center
Havana	Mason District Hospital
Hazel Crest	South Suburban Hospital
Herrin	Herrin Hospital
Highland	St. Joseph's Hospital
Highland Park	Highland Park Hospital
Hillsboro	Hillsboro Hospital
Hinsdale	Hinsdale Hospital
Hoffman Estates	Humana Hospital
Hoopeston	Hoopeston Community Memorial Hospital
Hopedale	Hopedale Medical Complex
Jacksonville	Passavant Memorial Area Hospital
Jerseyville	Jersey Community Hospital
Joliet	Silver Cross Hospital
Kankakee	Riverside Medical Center
Kewanee	Kewanee Public Hospital



Robert Wilcott/Catchpenny

Steven Saunders, M.D., chief of the division of family health at the Illinois Department of Public Health, gave the forum's keynote speech.

Infant mortality

(continued from page 8)

the risk of infant mortality—teen pregnancies, substance abuse, dropping out of school, and unemployment—are social and must be addressed," he said.

Members of the second panel stated that environmental factors did not affect the infant mortality rate in Macon County. "The infant deaths recorded in Decatur don't strike me as environmentally related," said Tom Long, an IDPH senior toxicologist. "Compounds in the air here would have an effect on infant mortality if exposure were in big enough doses for a long enough time, but that is not happening here."

And Dorothy Bennett of the division of public water supplies at the Illinois Environmental Protection Agency stated that while nitrates in the water supply can cause problems for infants under six months old, only one infant death resulting from nitrates in public water supplies has ever been recorded in the United States. Bennett added that the consumption of nitrates in water by pregnant women does not affect their fetuses.

Information on and access to prenatal services are vital

In the final panel, social service workers and legislators directed their comments to a review of the social programs now available in Macon County for pregnant women and new mothers. All agreed that programs were in place, but that the public needed to be better informed about their availability.

Participants returned to the issue of access to prenatal care. Jeff Buhrmann, manager of the maternal and child health section of the Illinois Department of Public Aid (IDPA), described his agency's efforts in that area. "A woman can apply for Medicaid simply by stating her income, and receive care while the application is being processed," he said. The policy of "presumptive eligibility" guarantees reimbursement to the provider of prenatal care for 45 days after the woman applies for Medicaid, even if her application is eventually denied.

The Illinois State Medical Society (ISMS) has been active in promoting quality prenatal care. In a December 7 letter to IDPA, ISMS urged IDPA to consider implementing several specific recommendations, in order to improve the quality of and access to prenatal care in Illinois.

Among the letter's recommendations were that "Physicians who bill for prenatal care must have delivery privileges at a hospital that provides obstetrical care services or a written agreement for referral of the patient for delivery service with a physician who has such privileges;" that American College of OB/GYN standards on risk assessment—the periodic evaluation of physical and mental health of prenatal patients—should be an item addressed in the patient's medical record; and that social case managers should be employed to help pregnant women get better prenatal services. Said ISMS President Eugene P. Johnson, M.D., "We wanted to try to mold IDPA's prenatal care program to assure recipients get good care and encourage physicians to treat Medicaid patients."

Teen Pregnancy: a big contributor

The last segment of the forum focused on the issue of teenage pregnancy. Social agencies in Macon County are working to reach and counsel pregnant teens on the importance of good prenatal care. "Teens are high-risk mothers," noted Dr. Bonds. "They have low birthweight babies and statistics show that babies weighing less than five pounds are more likely to die."

Dr. Bonds noted later that the general public needs to know that not all infant mortality is preventable. "There are some things that we simply don't have answers to, for example, anencephaly. And there are freak accidents like placental abruption."

Following the forum, Robert F. Priddy, vice president of marketing and business development for Decatur Memorial, concluded, "In Macon County access is not as much the issue as a desire and willingness on the part of pregnant women to take part in what is there." Priddy viewed the diverse group of panelists as confident "that from the standpoint of scope and availability, we have a pretty good system." The challenge now, he added, is to get those in need of services into it. ▲

LaGrange	LaGrange Memorial Hospital
Lawrenceville	Lawrence County Memorial Hospital
Lincoln	Abraham Lincoln Memorial Hospital
Litchfield	St. Francis Hospital
Macomb	McDonough District Hospital
Marion	Marion Memorial Hospital
Maryville	Anderson Hospital
Mattoon	Sarah Bush Lincoln Health Center
McLeansboro	Hamilton Memorial Hospital
Melrose Park	Westlake Community Hospital
Mendota	Mendota Community Hospital
Metropolis	Massac Memorial Hospital
Moline	United Medical Lutheran Center
	United Medical Moline Center
Monmouth	Community Memorial Hospital
Monticello	John & Mary E. Kirby Hospital
Morris	Morris Hospital
Morrison	Morrison Community Hospital
Mount Carmel	Wabash General Hospital
Mount Vernon	Crossroads Community Hospital
	Good Samaritan Regional Health Center
Murphysboro	St. Joseph Memorial Hospital
Nashville	Washington County Hospital
Normal	Brokaw Hospital
Oak Park	Oak Park Hospital
	West Suburban Hospital Medical Center
Olney	Richland Memorial Hospital
Olympia Fields	Olympia Fields Osteopathic Medical Center
Ottawa	Community Hospital of Ottawa
Palos Heights	Palos Community Hospital
Pana	Pana Community Hospital
Paris	Paris Community Hospital
Park Ridge	Lutheran General Hospital
	Parkside Lutheran Hospital
Pekin	Pekin Hospital
Peoria	St. Francis Hospital Medical Center
Peru	Illinois Valley Community Hospital
Pinckneyville	Pinckneyville Community Hospital
Pittsfield	Illini Community Hospital
Pontiac	St. James Hospital
Princeton	Perry Memorial Hospital
Quincy	Blessing Hospital
	St. Mary Hospital
Red Bud	St. Clement Hospital
Robinson	Crawford Memorial Hospital
Rochelle	Rochelle Community Hospital
Rock Island	Franciscan Medical Center
Rockford	St. Anthony Medical Center
	Swedish American Hospital
Rosiclare	Hardin County General Hospital
Rushville	Sarah D. Culbertson Memorial Hospital
Salem	Public Hospital of the Town of Salem
Sandwich	Sandwich Community Hospital
Savanna	Savanna City Hospital
Shelbyville	Shelby Memorial Hospital
Sparta	Sparta Community Hospital
Spring Valley	St. Margaret's Hospital
Springfield	Memorial Medical Center
Staunton	Community Memorial Hospital Association
Sterling	Community General Hospital
Streator	St. Mary's Hospital
Sycamore	Sycamore Hospital
Taylorville	St. Vincent Memorial Hospital
Tuscola	Douglas County Jarman Memorial Hospital
Urbana	Covenant Medical Center Urbana
Vandalia	Fayette County Hospital
Watseka	Iroquois Memorial Hospital
Waukegan	Saint Therese Medical Center
West Frankfort	U.M.W. of A. Union Hospital
Wheaton	Marianjoy Rehabilitation Hospital
Wood River	Wood River Township Hospital
Woodstock	Memorial Hospital for McHenry County

OUT-OF-STATE HOSPITALS

Indiana Hospitals

Dyer	Our Lady of Mercy Hospital
East Chicago	St. Catherine Hospital
Evansville	Welborn Memorial Baptist Hospital
Gary	St. Mary Medical Center
Hammond	St. Margaret's Hospital
Hobart	St. Mary Medical Center
LaFayette	St. Elizabeth Hospital & Medical Center
Michigan City	Memorial Medical Center
Munster	The Community Hospital
Terra Haute	Terra Haute Regional Hospital

Iowa Hospitals

Clinton	Samaritan Health Systems
Davenport	Mercy Hospital

Missouri Hospitals

Chesterfield	St. Luke's Hospital-West
St. Louis	Barnes Hospital
	Christian Hospital N.E. Division
	Chrisitan Hospital N.W. Division
	Jewish Hospital
	St. Anthony's Medical Center
	St. Louis Children's Hospital

Wisconsin Hospitals

Beloit	Beloit Memorial Hospital
Fond Du Lac	St. Agnes Hospital
Kenosha	Kenosha Memorial Hospital
Monroe	St. Clare Hospital of Monroe
Waupun	Waupun Memorial Hospital

(This report is a service to the physicians of Illinois)
2-16-90

(continued from page 1)

them to call ISMS for more information.

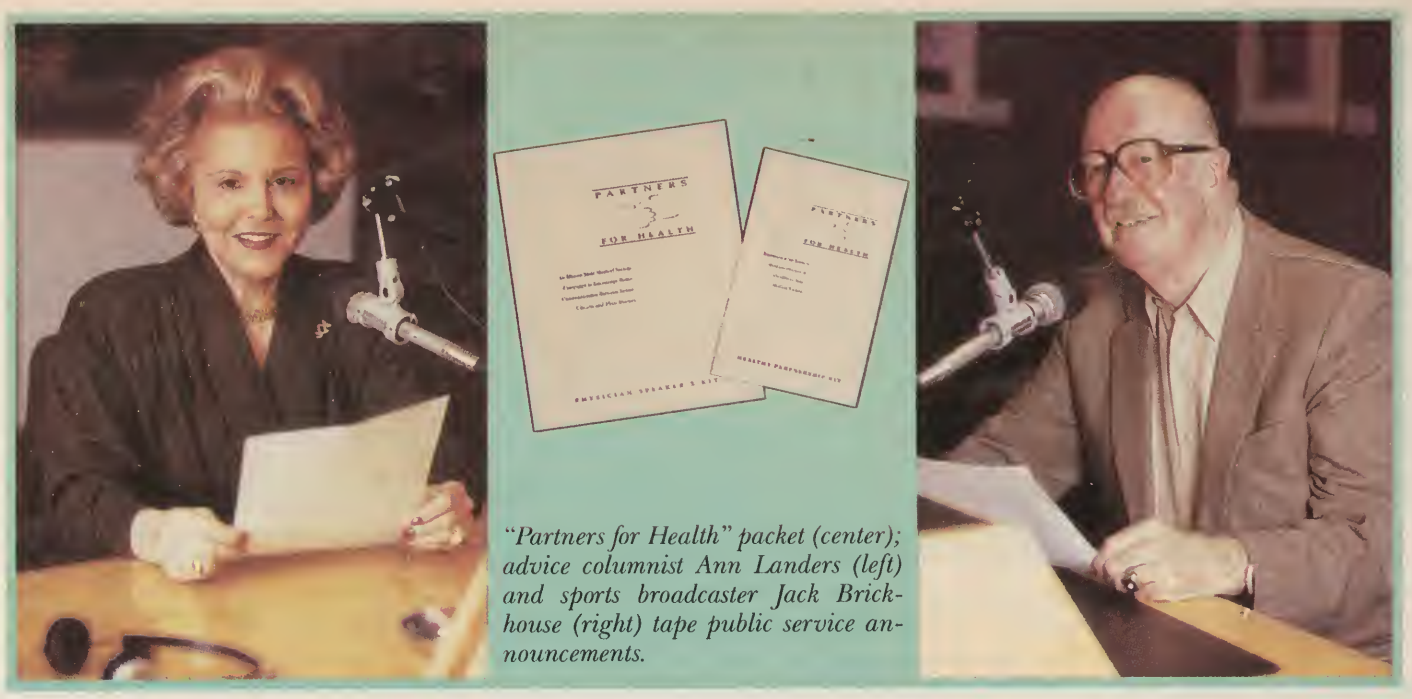
Speakers' bureau broadens outreach

The cornerstone of the campaign is a physician speakers' bureau that will provide speakers to senior citizen clubs, retirement homes and other elderly community organizations. Ideally, speaking engagements will be set up by county medical societies, which can best assess the needs of seniors in their areas.

The topic of choice for a physician appearance can be selected from a broad variety of subjects, ranging from arthritis and preventing falls in the home to living wills; in fact, it can be on any area of interest to a speaker and an audience. Seniors interviewed last summer during development of the program told ISMS that no matter what the topic, the presentation should be short and informal, with plenty of time for questions and answers.

Speaker style is not nearly as important as sincerity. "I don't want to hear a doctor who is a know-it-all," said one Oak Park senior, who added that she would like to hear someone speak on some of the diseases that affect the elderly, "so we would know what to expect."

Each physician visit to a senior group affords an opportunity to improve seniors' understanding of the tough health care issues facing society today, Dr. Johnson said. Misunderstandings and areas where seniors are not hearing the physicians' viewpoint often will surface during question and answer sessions and can be addressed then.



"Partners for Health" packet (center); advice columnist Ann Landers (left) and sports broadcaster Jack Brickhouse (right) tape public service announcements.

Terry Vitacco

Physician speakers will not go before groups empty-handed. ISMS has produced a packet of useful information for seniors that speakers may give audience members. Called a "Healthy Partnership Kit," the packet is designed to help patients communicate better with their physicians by asking questions and keeping records of their own health care. The packet contains brochures on Medicare and Medicare bill organization, tips for working with your doctor to be partners, lists of health and social service resources for senior citizens and a pocket-size personal health record booklet.

Physicians speakers will receive a kit containing background on seniors, a public speaking guide, a sample presentation and other information. In addition, ISMS will conduct regional and county-based speaker training sessions this spring. Physicians interested in participating should call ISMS public relations staff for more information.

"Partners" evolves through communication efforts

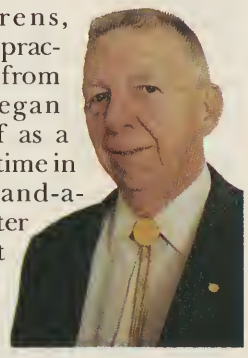
The campaign evolved after Illinois doctors, through the ISMS House of Delegates, directed the medical society to find ways to communicate better with senior organizations.

Seniors find an abundance of health care information in their mailboxes every month—from the media, senior groups and the government. ISMS leaders have recognized the importance of ensuring that medicine's viewpoint be clearly represented in order to give the elderly a balanced view of today's health issues.

"Although doctors and seniors are striving for the same goal—quality care for all patients—doctors and senior groups often end up on opposite sides of the fence," Dr. Johnson said. "Somewhere, communication is breaking down and seniors are not getting a true picture of many issues affecting their health care. It is crucial that physicians explain the implications of existing and proposed policies to seniors.

"We need to communicate better so that in the future we will be able to have the best quality health care we can afford. We, as a society, have to make some tough decisions about

Dr. Heerens: a "bird dog" for reaching out to seniors



Robert Heerens, M.D., a family practice specialist from Rockford, began seeing himself as a bird dog sometime in the last two-and-a-half years, after he retired at age 72. It was during this period that he began speaking at local senior residences, representing the Winnebago County Medical Society.

Like those adventurous canine hunting partners, Dr. Heerens scouts the territory in hopes of developing a prototype that can be copied by other physicians in the county and the state. The ISMS "Partners for Health" program will help him realize that dream.

Perhaps Dr. Heerens' early speaking motivation related more to the question of unfinished business than to bird-dogging. Always concerned with patient contact in his practice, Dr. Heerens says his "biggest problem as a physician was 'rapping' too long [with patients]," which left his waiting room chronically backed up. "But most of my patients knew that once they got in the room, they had my attention," he says. That's why he was surprised to learn some patients occasionally felt they weren't getting enough time from their doctor.

"As I've told these audiences, even though I felt that I was giving each patient enough time, sometimes there are misunderstandings, or the patient has other questions that you don't pick up on and they tell their friends, 'Oh, he didn't give me enough time'," Dr. Heerens explains. "Patients come out of visits with lots of questions that are unanswered."

Once he had the free time retirement afforded, Dr. Heerens set out to do some talking. He began by setting up meetings at the local public housing high-rises, feeling the greatest need would be there. When future arrangements there were stalled by personnel changes, he turned to the area's many retirement and nursing homes. Now he's booked about twice a month in various senior homes.

Dr. Heerens does not use a prepared presentation during his visits. Rather, he spends most of the time answering questions from audiences, which typically range from 10 to 30 people.

The questions can go anywhere, and if Dr. Heerens doesn't know an answer he tells them he will get back to them after doing some research. But he is rarely at a loss for an answer. Some of the questions Dr. Heerens fielded during a recent visit include: What are endorphins? Could one woman's depression be caused by living on the upper floor of her high-rise? Is it all right to seek a second opinion? How contagious is the flu? In answering each question, Dr. Heerens expounds on the broader health matter involved, providing useful patient education. If there is a lull in the questions, he uses the time to discuss basic health tips. "I tell them 'I'm in your age bracket and this works for me,'" he says.

At one senior residence, the administrator asked him to mention the importance of bathing. He addressed it as a health matter, explaining the function of the skin and how dead skin cells are a repository for bacteria and need to be removed regularly. He believes physician speakers should be sensitive to the needs of administrators and help out when they can.

Dr. Heerens says he hopes he is helping improve communication between these seniors and their own doctors, by encouraging them to ask questions and showing them doctors are human, too.

"I tell these audiences that I'm anxious to answer questions to enable them to be more cooperative with their physicians," he says. "I think these ["Partners for Health"] pieces from ISMS are fantastic because they touch on so many of the things I've been talking about."

On a snowy January day, Dr. Heerens visited a long-time friend at Fairhaven Christian Home, where he speaks regularly. He was greeted with warm familiarity by residents and staff alike as he made his way through the halls. There were a few hugs.

Afterward, Dr. Heerens remarked that one woman he chatted with referred to some of the things he had said during a previous visit. "That felt good," he says with a smile. "She remembered."

Dr. Heerens sees the "Partners for Health" speaking program as a tailor-made opportunity for retired physicians. It's a "natural" for a family or general practitioner, he says, because they all have probably had a good number of elderly patients. Specialists also can make valuable contributions. "Retired physicians can feel good about using their knowledge, and being part of a county and state society program," he adds.

"This is a good transition," he explains. "I've never felt I was missing out on anything by not practicing. I haven't had a yearning to go back and do any of the things I used to do.

"We've been raised to think in terms of service to our fellow man—it's kind of a corny thing, but this is a way to do it without any risks, and it has lots of pleasures and it's a chance to meet a lot of people." ▲

where to cut. Seniors need to participate in these decisions, and they need to have an accurate picture of the situation."

One of the goals of the program, Dr. Johnson said, is for seniors to see physicians as advocates rather than adversaries.

Last summer, ISMS conducted four senior citizen focus groups in different areas of the state to find out what seniors think about medicine, their doctors, and health care issues. Participants told ISMS that they respected physicians, but felt they had many unanswered questions from their doctors on health matters as well as Medicare and policy issues.

"I'd like to know doctors' reasons for not accepting assignment . . . and (their) feelings on the central system of health care—I want to hear the doctor's side of the story," said one senior in a Peoria focus group.

Other focus group seniors said the elderly often view their physicians as "gods" and are hesitant to ask questions about their care. Some commented that patients who are more assertive are better informed and are happier with their care.

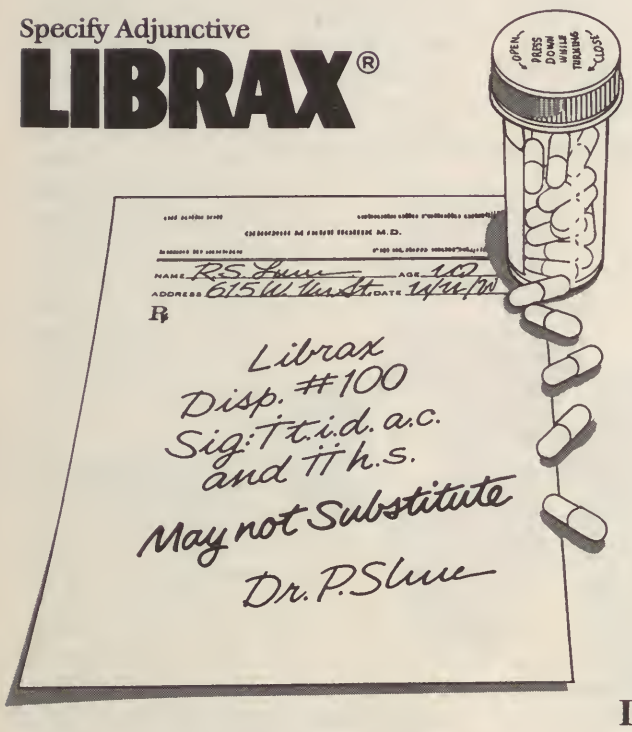
A complete report on the focus groups is included in the "Partners for Health" physician speaker's kit. ▲

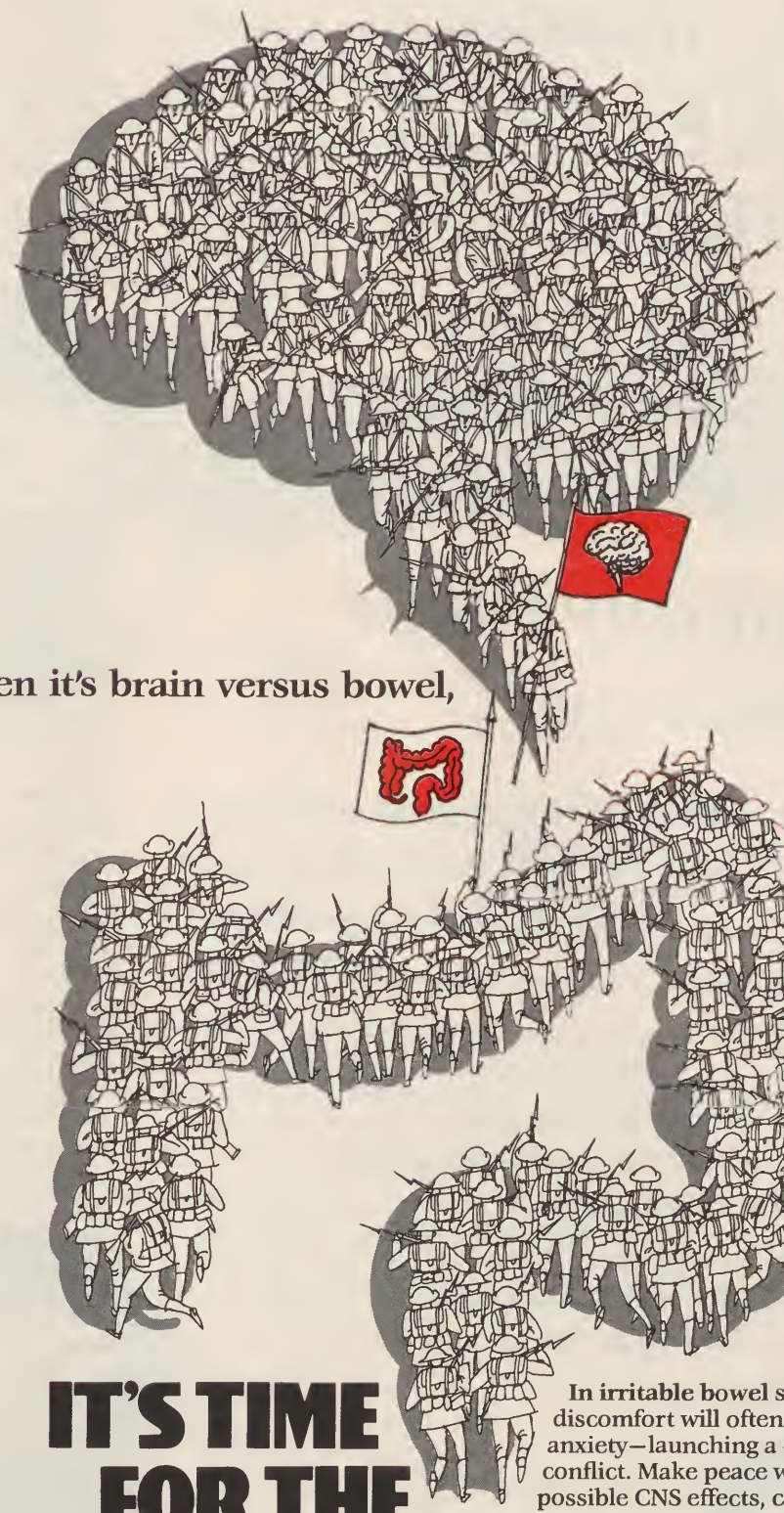
PHYSICIANS can get involved in the "Partners for Health" program by volunteering to speak to senior citizen groups in their communities, or by assisting the Illinois State Medical Society (ISMS) in coordinating senior outreach programs in their counties.

Regional training sessions for physicians interested in speaking to groups will be offered this spring. In addition, on March 10, ISMS is offering a workshop on communicating more effectively with seniors during the Chicago Medical Society's Midwest Clinical Conference. Call or write ISMS to be put on the training session mailing list.

For more information on "Partners for Health," call 1-800-782-ISMS, or write to the Illinois State Medical Society, public relations department, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. ▲

Specify Adjunctive
LIBRAX®





IL

To insist on the brand, be sure to check the "May not Substitute" box on your prescription.

In IBS,* when it's brain versus bowel,

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).
Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**
As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.
Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

P.I. 0288

ROCHE® Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

IT'S TIME FOR THE PEACEMAKER.

In irritable bowel syndrome,* intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive
LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Copyright © 1989 by Roche Products Inc. All rights reserved.

Redistricting: a mega-issue for Illinois physicians in the 1990s

THREE EVENTS this year will paint the political landscape for the next decade. The 1990 elections, the 1990 census, and the redistricting, or reapportionment process, which will require Illinois leaders to remap the state's legislative districts according to census information, will all take place (or be set in motion, in the case of redistricting) this year.

Because election results will determine the majority party in the General Assembly, and the majority party will likely have an upper hand in steering the reapportionment process, physician awareness of, and involvement in, the political process are particularly critical this year. Key issues for physicians — health care financing, abortion, medical waste and tort reform — are hanging in the balance. It is no understatement to say that redistricting will be a political mega-issue for the medical community in the coming decade.



Natalie Wargin Design

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

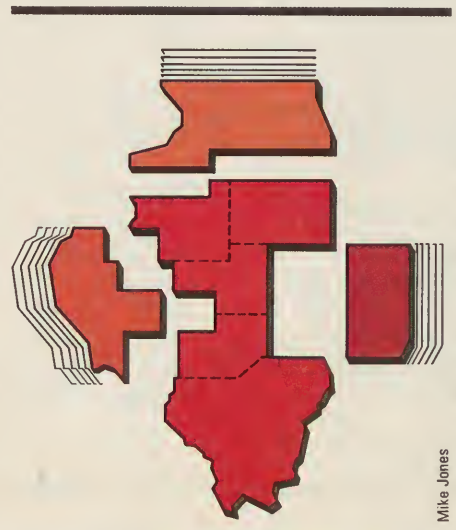
JACKSON AND COKER

Remap process begins with elections

Following this year's census, the two major parties in Illinois will be assigned the remapping task for both state and national offices. If they cannot put together a joint plan, they will be allowed to submit separate plans. Non-collaboration would probably result in majority party dominance in the redistricting process.

After the 1980 census, the plan which emerged from Springfield was almost entirely the work of Illinois Democrats, led by House Speaker Michael Madigan (D-Chicago), who, following a complete breakdown of bipartisan cooperation, created a map extremely favorable to their interests. Because the two parties were unable to agree, the reapportionment went to a commission evenly divided between Democrats and Republicans. When the commission reached an impasse, the parties agreed to a tie-breaker hat-drawing, which the Democrats won.

Following an unsuccessful Republican court challenge, the final remap helped secure Democratic control of both houses of the legislature in succeeding elections. That Democratic dominance continues today, and Speaker Madigan and Senate President Philip J. Rock (D-Oak Park) have traditionally been unsupportive of caps.


Mike Jones

The question is: will redistricting change the legislative equation in favor of physicians?

First steps in a fragile hesitation-waltz

Last month, House Speaker Madigan and Republican leaders squared off publicly over the question of how fully to use federal 1990 census results data for the upcoming reapportionment, with Republicans accusing Democrats of attempting another politically-based engineering of the apportionment process.

But on January 26, representatives from both sides reached tentative, preliminary agreement on a first step toward collaborative reapportionment. Madigan and Rock agreed to participate in the second phase of a census program, in which a bipartisan working group would provide the Census Bureau with precinct information, so that the Bureau could turn out 1990 census information by legislative district, down to precise precinct levels. This plan would give the group a far more detailed source of basic redistricting data than the 1981 group had received.

Asked whether this means the current reapportionment process might be different from the last one, Madigan's chief of staff Gary LaPaille responded, "It all depends on who will be controlling the House, Senate and Governor's office. The question," he said, "was not whether to use Census data—everyone has to use census data. The question was, were we going to participate in Phase Two [which would provide data down to the precinct level]."

Reapportionment is political

Illinois Senate Republicans' chief of staff Tom Taylor agreed that the larger issue remained a political one. "We'll get into the politics of things," he said, "when we start drawing proposed maps. The Census Bureau will report data to us in April 1991, and the Illinois Constitution requires a legislative map to be drawn by June 30 of next year, or it goes to a redistricting commission.

"What is essential for any Illinois citizen who wants to see a bipartisan reapportionment," Taylor emphasized, "is that at least one of the houses of the legislature and/or the governor's mansion be controlled by the Republicans [as a result of the 1990 elections]. Otherwise, you would have a Democratic lock, and that's what we have to work against."

That is where the reapportionment process and the electoral process meet, Taylor stressed. "Look at tort reform. As the Democrats have controlled the legislature, they've been able to control the agenda to some extent. In the Senate, the numbers have been closer, so we've had some influence. But in the House, the Democrats from Chicago have set the agenda, and as Chicago goes, so goes the rest of the state."

Reapportionment and the party in power

In theory, it is quite possible to change the political character of a district through minor remap manipulations, observers have pointed out. For example, by adding 10 Republican precincts to a traditionally Democrat-dominated district, the district could become Republican dominated, or vice-versa. Equally, a district could be mapped so that it is ⅔ Democratic and ⅓ Republican, or ⅔ Republican and ⅓ Democratic, or 50 percent of each by voting pattern. Such is the nature of redistricting that even ostensibly tiny changes on maps can result in tremendous shifts of the political landscape.

Redistricting experts agree on the critical nature of reapportionment to health care issues. Alan Heslop, an expert on reapportionment, said, "Redistricting plans in the last few decades, in tandem with other advantages which political incumbents have, such as fundraising ability and the ability to get headlines, have worked to make incumbents more secure.

"When you look around the country," added Heslop, a senior research associate at the Rose Institute, a research center at Claremont McKenna College in Claremont, California, "you see that overwhelmingly, the major impact of post-1964 redistricting plans has been to enable incumbents to win easy election. It's unfortunate from the point of view of government as a whole," he added, "because it affects the ability of any groups to influence the political process." ▲

Program tracks DNR patients in Will and Grundy Counties

by Kathleen Furore

WHEN JOHN, age 82, was transferred to a nursing home from a hospital in Joliet, he was classified as a DNR (Do Not Resuscitate) patient. Suffering from a chronic heart condition, John—after consulting with his family—had made the difficult decision *not* to have extraordinary measures taken to revive him should a massive heart attack strike.

Yet shortly after his transfer to an extended-care facility, John was rushed back to the hospital in complete cardiac arrest, resuscitated and put on a respirator until he died some two weeks later—even though all the papers required for DNR orders had been completed.

Though the above case history is a composite, it is one familiar to patients' families as well as hospital and nursing home staffs throughout the state. But it is the kind of story that could become history in Will and Grundy Counties, thanks to a DNR sticker program—the first of its kind in Illinois—being piloted by the long-term care committee of the Will-Grundy County Medical Society (WGCMS).

A "health care community effort"

On February 15, the DNR sticker program debuted on a 30-day trial basis in both Will and Grundy Counties. The program was developed in response to an area physician's concern over non-transferral of DNR orders—a concern initially expressed to the WGCMS Board of Directors.

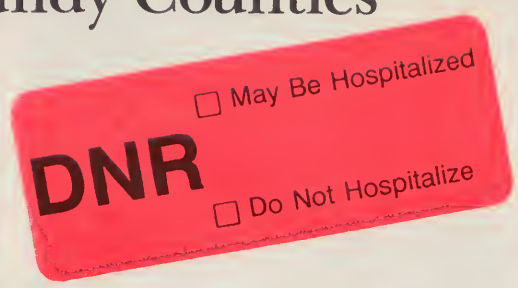
According to Ronald Batozech, WGCMS executive secretary and secretary to the Will-Grundy Clinic's Board of Directors, the WGCMS board had asked the long-term care committee to investigate the problem and to determine a solution that ultimately would alleviate it.

After a great deal of discussion in fall 1989 among representatives of the medical society, Joliet's Silver Cross Hospital and St. Joseph Medical Center, and local nursing homes and social service agencies, the sticker program—which Batozech calls "a health care community effort"—was conceived.

The bright orange DNR stickers, explains Batozech, are designed to bring consistency to labels placed on the transfer sheets of elderly, chronically ill, or terminally ill patients.

"As we began to explore the situation, we found that many hospitals, nursing homes and hospices had their own methods of flagging DNR patients . . . but none of those 'flags' were being used with any degree of uniformity," says Batozech. "Consequently, in the process of transferring patients, particularly in emergency cases, DNR orders often did not catch up with the patient in time. If someone is brought from a nursing home to the emergency room [without DNR orders], physicians are required by law and medical ethics to do all they can; but hopefully, with a sticker uniformly affixed to a permanent part of the record, they will be able to more quickly and clearly identify DNR patients."

"If we see no orders to the contrary, we are *obligated* to perform CPR,"



The Will-Grundy trial DNR sticker.

says Cheryl Stout, assistant administrator of the Franciscan Nursing Home in Joliet and president of the Long-Term Care Facilities Council, a freestanding organization comprised of administrators and directors of nursing from local nursing homes. "Though we're concerned about accuracy *both* ways, erring on the side of resuscitating when we shouldn't is the biggest concern. With the stickers," adds Stout, "one glance at a chart—even when a split-second decision is required—will tell us if DNR orders exist."

Program follows trend in health care

The Will-Grundy program follows a trend in medical care policy developments, in which patients' express wishes regarding extraordinary life-prolonging measures are being honored. On November 13, the Illinois Supreme Court ruled that food and water can be withdrawn from a terminally ill patient if the patient is diagnosed as irreversibly comatose or in a persistently vegetative state, and the diagnosis is confirmed by three physicians, including the patient's. In this ruling, Illinois joined more than 20 states which have ruled on the issue of respirator maintenance or nutrition/hydration.

Theodore R. LeBlang, legal counsel for the Southern Illinois University School of Medicine, says, "Though I'm not familiar with the specifics of the Will-Grundy program, I'd say that any trial program that endeavors to enhance the likelihood of the exercise of patient self-determination merits scrutiny, and should be looked at with a view toward improving the overall system."

ISMS policy in this area states, "The social commitment of the physician is to sustain life and relieve suffering. Where the performance of

(continued on page 17)

When a second opinion is needed . . .

To ease the referral process . . .

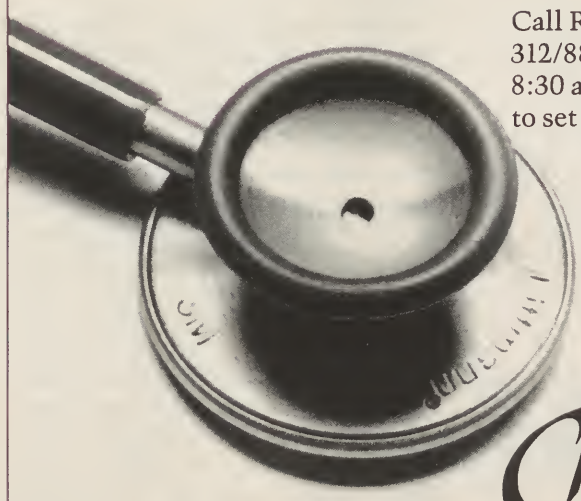


312-880-3832

Call the Diagnostic and Consultation Service of Children's Memorial Hospital

The service is designed for the community-based physician to provide a professional link to the resources available at Children's Memorial Hospital. Consultations are available on *any* pediatric problem.

Call Robert Listernick, M.D., director, at 312/880-3832 Mondays through Fridays from 8:30 a.m. through 5:00 p.m. for a consult or to set up an appointment for your patient.



Children's

The Children's Memorial Hospital, Chicago

Feds tell PRO: Convene sanction hearings for all 'gross and flagrant' cases

A NEW MEDICARE policy mandates that Illinois' peer review organization (PRO), as well as PROs nationwide, subject physicians and other providers to a formal sanction hearing for a single PRO-determined "gross and flagrant" violation of Medicare quality standards.

Crescent Counties Foundation for Medical Care (CCFMC), which serves under contract as Medicare's Illinois PRO, put the policy into effect October 1, 1989. It means approximately 25 to 30 more Illinois MDs will this year receive an official PRO letter warning them of an upcoming sanction hearing. This compares with 15 physicians who received formal notices in 1988 under the CCFMC's previous two year Medicare contract.

Previously, Medicare had allowed the Illinois PRO discretion on whether a sanction hearing was necessary for a single violation. "It's a matter of consistency," is how CCFMC's Steve Kaufman, chief operating officer for review services, explains the change. "Now all the PROs across the country are following the same procedure." Kaufman says CCFMC "attempted to convince Medicare to continue allowing us discretion in issuing the letter. But they would not agree."

"We think it's an unfortunate development that, in many instances, will needlessly alarm physicians," says Donald Rokosch, M.D., a Danville obstetrician who chairs the Illinois State Medical Society's (ISMS) Council on Economics, which monitors PRO activities here. "Previously, CCFMC could decide not to escalate the review process, when they were reasonably sure a sanction hearing was not appropriate for a specific case, even though labelled gross and flagrant," he explains.

"The Illinois PRO was put in a bind by Medicare's policy," echoes council member John Schneider, M.D., a clinical assistant professor of medicine at the University of Chicago Hospitals. "If Medicare stipulates you must consider taking sanction action, then the individual physician is entitled to a fairly formal, structured hearing."

Identifying 'gross and flagrant' quality issues

As Medicare's quality control advocate in Illinois, CCFMC randomly



Donald Rokosch, M.D.

reviews about 6000 hospital medical records each month to spot potential problems. During an elaborate review process, MD reviewers can tag a suspected quality lapse "gross and flagrant," meaning the mismanagement of care was well beyond established norms for acceptable medical practice. When that happens, the next step is "blinded review," says Kathy LaSpina, CCFMC's director of quality assurance review services. "The case is given to a second specialist, who independently must cite the same issue, and then the two must agree that it's very serious."

If the case is still considered gross and flagrant after this discussion and input from the attending physician under scrutiny, the PRO monitors 20 more of that doctor's medical records. "The purpose is to determine if the gross and flagrant issue is an isolated instance or a pattern," LaSpina says.

Cases designated gross and flagrant proceed to CCFMC's Quality Peer Review Committee. If that physician committee upholds the gross and flagrant nature of even a single quality violation, the attending physician or hospital receives a formal 30-day warning letter announcing an upcoming sanction hearing.

Says LaSpina, "Before our new contract [with Medicare] took effect in October, we had, in prior years, negotiated contract modifications allowing us to exercise discretion in using a sanction hearing for physicians with only a single gross and flagrant violation. Our usual recommendation for them would be corrective action and 100 percent review intensification." But now, she says, "Medicare gives no leeway for any PRO to respond that way. We are required—for one gross and flagrant—to send a formal letter and conduct a sanction hearing, even if our ultimate recommendation will be corrective rather than punitive action."

Dr. Schneider predicts that, because of the new policy, "the PRO will lose its leverage in using the gross and flagrant label to get people into remedial education. If I were a physician reviewer, under these strict circumstances I would find it very difficult to label something gross and flagrant." He hopes the PRO will be very conservative and precise in its use of the term.

Sanction hearing letters: an ominous message?

While more sanction hearing letters will likely go out this year as a result of Medicare's new mandate, the PRO says that does not necessarily portend more sanction recommendations. "We've been required to formalize a process that was previously informal," LaSpina says, stressing that sanction hearings will, for the vast majority of MDs, still result in education, corrective action plans and review intensification rather than sanctions.

LaSpina urges doctors whose care is under question to attend the formal hearing. It's another opportunity for a group of our physician [reviewers] to consider additional information, with the attending physician having the benefit of expert witnesses and an attorney," she says. "We always invite the physician. But we must conduct the hearing—even if he or she chooses not to come," she stresses. CCFMC's Executive Committee comprises the sanction panel.

Physicians receiving formal hearing notification letters should not be totally surprised, according to the PRO. "They've already had an opportunity for one, if not two informal meetings on the case," says LaSpina, who also emphasizes it's crucial that MDs respond to PRO inquiries in the early stages of case review, filling information gaps in medical records that can sometimes be responsible for the gross and flagrant designation.

"The sanction notification letter is very threatening in the first two pages," notes Kaufman. "Much of the [letter's] language, including the term 'gross and flagrant,' is mandated by the federal government. When the letter finally cites the case-specific issues, it becomes clearer what physicians' options are," he says. Kaufman advises physicians to "Read the letter carefully, beyond its first two pages."

For the present, Kaufman says, "The PRO will make a courtesy phone call to the physician under scrutiny, to let them know a letter is on the way."

Getting help to handle the process

Doctors who receive sanction hearing notification letters—as well as earlier PRO communiques questioning specific cases—all too often keep mum about what's happening.

Anyone under PRO scrutiny should "take it seriously," advises Dr. Schneider. "The first thing you ought to do is go to whomever you respect on your medical staff, be it the person in charge of utilization review, or the medical staff's president or legal counsel, to mobilize every single force you can in the hospital," he says. "You need help from the best people you know within or outside your institution. Don't try to handle it on your own."

> ***"Even if you disagree with the PRO's final decision, be willing to work with them, to comply with their decision."***

The PRO, however, offers different advice. "On every correspondence, we list the name and phone number of a contact person here. Call us first, because we're more than happy to discuss the case with you and explain the correspondence. You may choose to involve others at some later point, but up front it's important to get information about your case from CCFMC," counsels LaSpina.

The ISMS division of health care finance also fields questions on PRO activities and the review process, and "physician members should not hesitate to call us for information about how the process works," says Dr. Rokosch.

A 1989 letter from Medicare to PROs nationwide says that "if the subject is willing and able to comply, the PRO need not send a sanction recommendation to the OIG [Office of Inspector General]. However, if the PRO determines that the subject is either unwilling or unable to comply, the PRO must send its sanction recommendation to the OIG. This requirement applies to all cases involving one single gross and flagrant violation."

To Dr. Schneider, this language confirms Medicare's bottom line. "Even if you disagree with the PRO's final decision, be willing to work with them, to comply with their decision. That's the way to avoid a sanction," he concludes. ▲

Meet the PRO . . .

Crescent Counties Foundation for Medical Care Board of Directors

Board members	Specialty	Address
*Joseph L. Daw, M.D., *chair*	family practice	Oswego
Nasir Ahmad, M.D.	internal medicine/nephrology	South Elgin
Murray Berg	medical care consumer representative and officer, American Association of Retired Persons	Chicago Heights
Peter A. Brusca, M.D.	otolaryngology	Carol Stream
Gary Button, M.D.	family practice	Harvard
*Norris R. Dougherty, M.D.	internal medicine	Rockford
Francis Dunn, M.D.	ophthalmologist	Geneva
*Gregory T. Eckstein, M.D.	internal medicine	McHenry
*Nancy Furey, M.D.	dermatology	Chicago
Gerard R. Gnade, M.D. Jr.	family practice	Harvey
William R. Greenfield, M.D.	family practice	Libertyville
Lawrence L. Hirsch, M.D.	family practice	North Chicago
Richard S. Kowalski	administrator, St. Mary's Hospital	Galesburg
*Gerald A. Lofthouse, M.D.	family practice	Bolingbrook
William S. Morrow, M.D.	general practice	Harvard
*James B. Neville, M.D.	internal medicine	Highland Park
Donald Oder	senior vice president, finance, Rush-Presbyterian-St. Luke's Medical Center	Chicago
Joseph Purpura, M.D.	obstetrics/gynecology	Lake Forest
Santo L. Ruggero, M.D.	family practice	Wonder Lake
William B. Senica, M.D.	obstetrics/gynecology	Downers Grove
Falah Shams, M.D.	internal medicine	Waukegan
William T. Sheehy, M.D.	urology	Elgin
*Jerome M. Stoker, M.D.	cardiology	Elmhurst
Gregory Voss	administrator, St. Anthony's Memorial Hospital	Chicago
James D. Wright, M.D.	internal medicine	Joliet

*CCFMC Executive Committee members, who also comprise the sanction determination panel.

Part seven in a series

Small towns scramble to replace MDs

by Mary Delach Leonard

When Hugh Cummins, M.D. died of a heart attack last September, the 1,600 people of the central Illinois community of Cerro Gordo joined the ranks of rural Illinois residents forced to leave their own communities to find primary health care.

Cerro Gordo Mayor James Morgan says the death of the town's only practicing physician has forced residents of this Piatt County community to seek medical care in neighboring areas.

"What's bad is there are a lot of elderly people and it's hard for them to go out of town," says Morgan.

That lack of transportation is a real problem when a rural town loses its only physician, says Al Grant, director of the center for rural health at the Illinois Department of Public Health (IDPH).

"When the community loses its own doctor, it is traumatic to the area," Grant says. "For the people who can get transportation to go somewhere else, that's one thing. But for the people who cannot do that—like senior citizens and Medicaid patients—it is really a problem."

Grant adds that when rural communities lose their physicians, hospitals and doctors in surrounding areas can play a role in defining emerging health care delivery systems in their areas.

Dr. Cummins had been the only physician in Cerro Gordo since June, when the Illinois Department of Professional Regulation (IDPR) suspended the medical license of the town's other practicing physician.

The state's medical disciplinary board met in January to make a recommendation to IDPR on the matter. Mayor Morgan says Cerro Gordo residents are pinning their hopes on the physician's getting his license back. Town residents have written letters and bought newspaper ads in his support.

Roger Weise, M.D., an internist in nearby Monticello, says most Cerro Gordo residents are waiting to look for a new physician until they become ill, and many are using the emergency rooms of Decatur hospitals, about 15 miles away. He says the physician shortage in the area was a problem even before Cerro Gordo lost its two doctors.

"I'm not aware of any physicians who aren't at capacity—and that's a real problem," adds Dr. Weise.

James Byrnes, M.D., a family practitioner in Forsyth, agrees that physicians in the area are already overwhelmed.

"Nobody's sitting there waiting and trying to get new patients," says Dr. Byrnes, who adds that area physicians are working with the two Decatur hospitals to treat people in emergencies or who have chronic medical problems that need monitoring.

Robert Priddy, vice-president of Decatur Memorial Hospital, one of two full-service hospitals in the area, said the hospital's emergency room



Robert Wilcott/Catchpenny

Cerro Gordo, population 1,600, is currently without a practicing physician.

already sees 50,000 patients a year. Although an influx of Cerro Gordo residents has been noted, it hasn't stood out as a sole cause for increased patient load.

"You have a system in Decatur that is already strained," Priddy points out. "I don't want to downplay it in any way because it is an emergency situation—it's one everyone has rallied to, but that doesn't make it any easier to live with."

Priddy adds that recruitment of new physicians to the Decatur area remains a priority.

Small towns lagging on recruitment

Grant says there are cases in which rural communities faced with the loss of their only physician aren't able to turn to a large neighboring community for help—because there isn't one.

"One of the purposes of the center for rural health," he says, "is to assist those communities in recruiting replacements. But probably more than anything, it is to establish systems whereby they aren't left void of

(continued on page 17)

Fly to Over 40 Cities for as Low as $79* ONE WAY ON Midway®



BANK & fly

Bank with Marine and fly for less on Midway Airlines®.

When you bank with Marine, your dollar can take you farther than you think! Simply open or add to a qualifying account and buy travel certificates good for special airfares with Midway Airlines. Fly from Springfield, Champaign-Urbana, or Bloomington-Normal, via Chicago Midway Airport, to one of over 40 U.S. cities.

Contact a Marine Personal Banker for more information about this exciting offer.

Bank & Fly at Marine Bank...we're going the distance for you.

$79 Atlanta • Boston • Chicago • Cleveland • Columbus • Dallas/Ft. Worth • Detroit • Kansas City • Memphis • Milwaukee • Minneapolis/St. Paul • New Orleans • New York • Omaha • Philadelphia • Pittsburgh • Washington, D.C.

$109 Ft. Lauderdale • Ft. Myers • Jacksonville • Miami • Orlando • Sarasota • Tampa • West Palm Beach • Freeport, Bahamas • Nassau, Bahamas

$139 Denver • Las Vegas • Los Angeles • Phoenix

* Subject to availability. Some restrictions may apply. Each certificate is good any day of the week until April 30, 1991.

You've been talking. We've been listening.

MARINE BANK

SPRINGFIELD (217) 525-9600
CHAMPAIGN-URBANA (217) 351-1600
BLOOMINGTON-NORMAL (309) 664-9000
MONTICELLO (217) 762-2111

A subsidiary of Marine Corporation
Member FDIC
© Marine Corporation, 1990



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by The Hardy Group, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Rural health

(continued from page 15)

health care."

Grant notes that small rural towns are at a disadvantage in physician recruitment both because of the competition and lack of an organized approach. As a result, he says, physician recruitment often falls to nearby hospitals.

Walnut finds a physician after three years

William Spitler, president of Perry Memorial Hospital, Princeton, searched for three years to find a physician for neighboring Walnut, a town of 2,000. Both towns are located in Bureau County in north-central Illinois. After Walnut's only physician died, the hospital placed two of its doctors in the town for two days a week.

Spitler tried traditional recruiting methods, such as contacting medical schools and hiring recruitment firms; he contacted local high school guidance counselors and advertised in local newspapers to identify area residents attending medical schools.

"In the last four years," he says, "if there's anything we haven't done, I'd be surprised."

But Spitler says problems inherent in rural practice—fear of isolation and lack of backup—dissuaded most candidates.

Walnut now has a full-time physician recruited by another hospital, but because the town needs at least one more physician, Spitler's search continues.

"I think in the long haul the best way to recruit physicians is to identify people from the area who want to live and practice there," he says.

Bob McNamara, who heads the search for a physician for Gridley in McLean County, says it is difficult to attract a physician willing to work without backup. The town has turned its attention to convincing a new physician in neighboring Chenoa to expand and recruit a partner to practice in Gridley.

McNamara said that while the 1,300 residents of Gridley have been without a town doctor for two years, there are physicians within an eight-mile radius.

That's not the case in Tamms, a town of 850 situated at the southwestern tip of the state.

"We're in a rural area and there aren't any doctors around for a distance of 20 miles in any direction," says Larry Brymer, who heads that town's search committee.

Brymer says prospects are slim for recruiting a physician to Tamms, where the nearest hospital is 20 miles away. The town lacks the resources for recruitment and relies on the mayor's contacts for most leads.

John Record, associate dean of students at the SIU School of Medicine, says the real need for physicians in the state is difficult to gauge because many communities are not actively searching.

"My gut sense tells me there are a lot of communities out there who either have given up the search or who felt like it is not even worth the effort," Record says. "There is a lot of the iceberg below the surface." ▲

DNR

(continued from page 13)

one duty conflicts with the other, the choice of the patient, or his/her family or legal representative should prevail." ISMS has published for hospital medical staffs *Guidelines for Writing Do Not Resuscitate Orders,* which details purposes, definitions, aspects of participation and procedures for patient care under DNR orders. ISMS encourages physicians to inform their patients of the availability of durable power of attorney for health care arrangements.

Using stickers to "red flag" charts

The DNR stickers, described by Batozech as bright glow-in-the-dark orange rectangles about three inches wide and one inch high, are printed with the letters DNR to the left of two boxes that can be checked by physicians or nursing home personnel. One box states,"May Hospitalize," the other, "Do Not Hospitalize." Though the stickers in and of themselves do not constitute a *legal* DNR order, they do alert nursing home and hospital personnel to the fact that all of the necessary paperwork has been completed and exists somewhere within a patients' records.

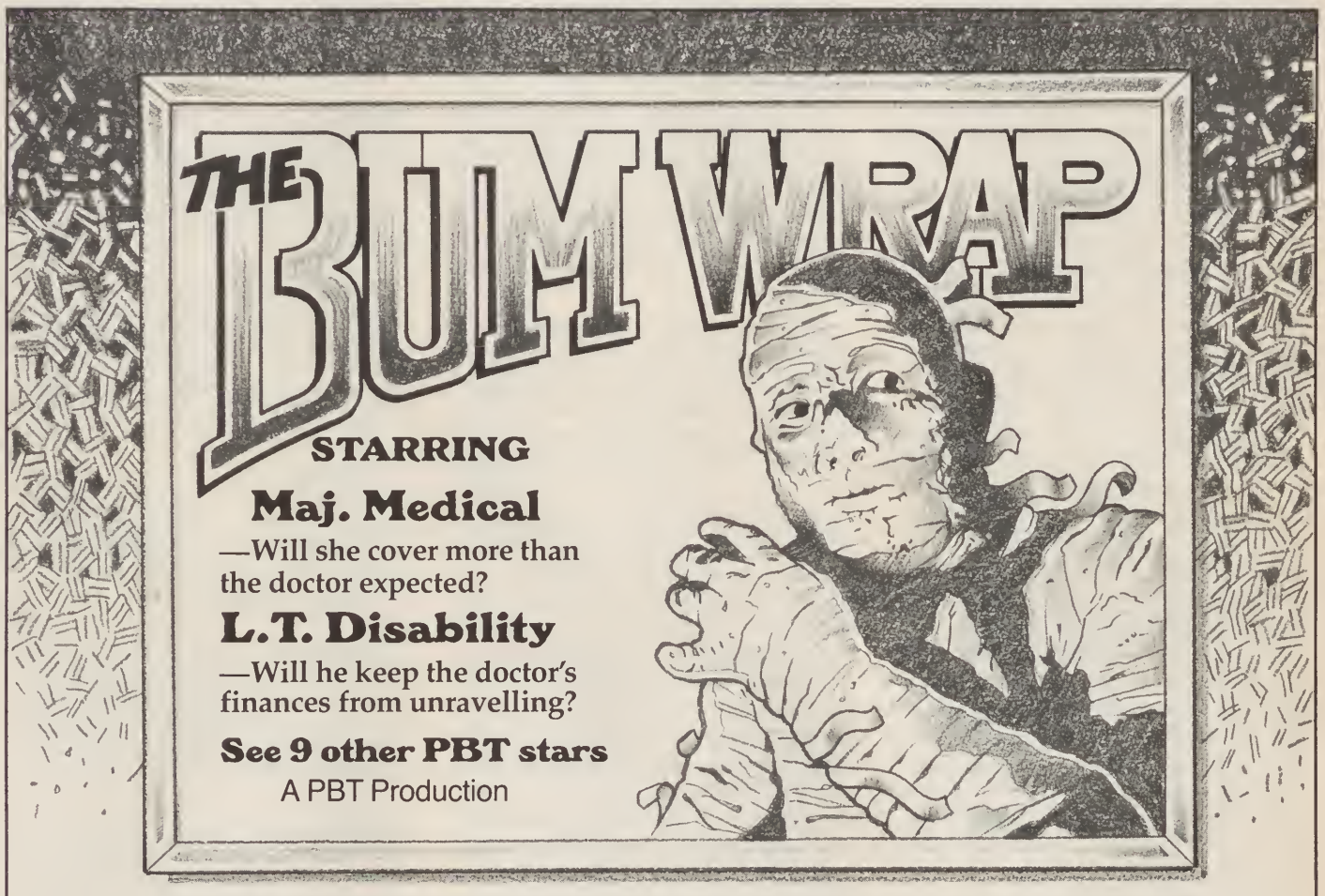
As Alexander Sosenko, M.D., who is chairman of the WGCMS long-term care committee, and is affiliated with Silver Cross Hospital and St. Joseph Medical Center, comments: "The DNR stickers were not created to *replace* legal documents but to 'red flag' a patient's chart so that no one is put on life support unnecessarily.

"It is a lot easier," he says, "to put someone on [a respirator] than to take them off, and even it if happens once a month, it is too often. It's difficult for everyone . . . and we're not doing anyone a favor by extending life in those situations."

Following the 30-day test period (which ends in mid-March), the team of WGCMS, hospital and nursing home personnel who created the DNR sticker program will meet again to determine its effectiveness. If the committee concludes that the program *has* alleviated the problem, it will be used on a continual basis in Will and Grundy counties.

And what about the possibility of a statewide DNR sticker program? Could the Will-Grundy experience provide a model?

Concludes Batozech: "It is not our intention to use this [the sticker program] statewide. If it works, and if someone from another area finds it useful, they are welcome to replicate it. We will provide them with the background information . . . but it is entirely up to the physicians and nursing homes in those other areas to implement the program." ▲



It's easy to get wrapped up in the wrong benefits package. But with PBT benefits, you pay less for the high quality protection you need. For example, you could be enjoying a major medical program that requires no pre-approvals while letting you continue to go to your own local doctor and hospital with no questions asked. Or how about a Long Term Disability Plan that matches the best plans on the market at about half the price? And that's just for openers. Choose from among 11 great benefit plans. They're what you'd expect from your medical society. After all, they're just what the doctors ordered!

To wrap up a high quality PBT benefits package with your name on it, call or write today!

(800) 621-0748
(312) 559-9130

Please send information about the PBT plans I have checked.

☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Long Term Disability
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____
Practice Name: _____
Street: _____
City/State/Zip: _____
Telephone: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

ISMS PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Crusader Clinic

(continued from page 1)

the clinic's director, following the public announcement. "We get very good support from physicians here."

"[Physicians'] donations recognize what the clinic is doing," said Robert L. Bertrand, M.D., last year's president of the Winnebago County Medical Society, which endorsed the donor's challenge.

James F. Gallant, M.D., a 30-year-old family practitioner who did his residency at the Crusader Clinic and now practices there, called the clinic's work "interesting, challenging and a lot of hard work. You don't just see a patient and talk about his high blood pressure," Dr. Gallant said. "It's a well-rounded approach."

The Crusader Clinic, a not-for-profit community health center located on the city's west side, was founded in 1970 by a group of concerned citizens, to provide medical, dental and supportive services to patients "regardless of their ability to pay." In 1972, it received seed monies from an Illinois regional medical program to establish a medical/dental facility with a part-time physician and a dentist.

By 1989, the clinic's patients numbered more than 33,000, with 900 newcomers arriving every month. Doctors labored in broom-closet offices in an ancient and creaky building to serve a medically indigent population estimated at 50,000.

To alleviate crowding, the organization launched a $1.2 million building fund program in 1987, with plans to take over a former Catholic girls' school. The clinic moved into the spacious three-story, 42,000-square-foot building last July.

In addition to the cash donations made by physicians, Dr. Bertrand cited the "hundreds of thousands of dollars in specialists' services donated every year" by participating area physicians. Among the medical services available are general examinations, obstetric and pre- and postnatal care, EKG and lab services, eye care, lenses and frames, dental services, prescriptions and over-the-counter drugs (including delivery), in-home nursing and personal assistance, and substance abuse and mental health services.

The clinic's annual budget is now $3.2 million, with $1.2 million coming to it from the Department of Health and Human Services, leveraged with another $1.2 million in program receipts. Other than Medicaid reimbursement on a fee-for-service basis, the self-sustaining clinic enjoys state contracts but no direct state funding. Its staff of 140—including nine physicians, five dentists, 10 nurse practitioners and a nutritionist—provide "absolutely top-notch quality health care," said Dr. Bertrand.

Sliding fees and resident participation

A sliding fee scale, based on the poverty level, forgives up to 100 percent of patients' fees at the clinic. Fifty percent of patients are uninsured, and 60 percent are considered impoverished. Patients "pay what they can when they can," a receptionist at Crusader's single satellite clinic in south Rockford said.

A part-time ophthalmologist provides eye exams and prescribes corrective lenses ground at the Dixon State Prison; public aid is accepted for eyeglasses. In a similar vein, a pharmacist working down the street sold his business to the clinic, then joined as an employee in order to dispense prescriptions from a $60,000 stock in the now in-house pharmacy.

But physicians working at the clinic are sometimes called to go yet a step further beyond medical treatment. Dr. Bane told of an incident that took place in October. A 50-year-old man suffering abdominal pain was referred to the clinic through its homeless-outreach program. After a diagnosis of gastric adenocarcinoma, the patient was referred for abdominal surgery. He eventually went through four different subspecialists, and his treatment culminated in adjunctive chemotherapy. Seeing that the patient was without shelter, "The staff even got him a place to live," Dr. Bane recalled.

"The physicians who come here are committed to serving people," Dr. Gallant said. "They are very spirited. Working here is different from working at other clinics. It's obvious," he concluded, "that there's a whole approach to helping patients." ▲

Obituaries

**Indicate ISMS member* ***Indicates member of ISMS Fifty Year Club*

***Arenas**
Benjamin S. Arenas, M.D., of Belleville, died July 16, 1989 at the age of 58. Dr. Arenas was a 1956 graduate of the College of Medicine, University of the Philippines, Manila, Philippines.

****Day**
Lawrence C. Day, M.D., of Libertyville, died July 21, 1989 at the age of 77. Dr. Day was a 1938 graduate of Northwestern University Medical School, Chicago.

***Deschler**
William J. Deschler, M.D., of DeKalb, died July 14, 1989 at the age of 68. Dr. Deschler was a 1944 graduate of Medizinische Fakultaet der Eberhard Karls Universitat, Tubingen, Germany.

****Falstein**
Eugene I. Falstein, M.D., of Chicago, died July 6, 1989 at the age of 80. Dr. Falstein was a 1931 graduate of the University of Illinois College of Medicine, Chicago.

***Frost**
Jack Frost, M.D., of Centralia, died July 8, 1989 at the age of 70. Dr. Frost was a 1944 graduate of Washington University School of Medicine, St. Louis, Missouri.

***Graham**
Robert J. Graham, M.D., of Moline, died June 30, 1989 at the age of 75. Dr. Graham was a 1941 graduate of Northwestern University Medical School, Chicago.

****Harmon**
Thomas F. Harmon, M.D., of Springfield, died June 5, 1989 at the age of 76. Dr. Harmon was a 1935 graduate of the University of Oklahoma College of Medicine, Oklahoma City.

****Kamin**
Herman N. Kamin, M.D., of Chicago, died June 5, 1989 at the age of 87. Dr. Kamin was a 1926 graduate of the University of Illinois College of Medicine, Chicago.

***Katel**
William C. Katel, M.D., of Freeport, died July 8, 1989 at the age of 63. Dr. Katel was a 1953 graduate of the University of Illinois College of Medicine, Chicago.

****Kupferberg**
Nathaniel J. Kupferberg, M.D., of Hollywood, Florida (formerly of Chicago), died June 29, 1989 at the age of 87. Dr. Kupferberg was a 1932 graduate of Chicago Medical School.

***Manhart**
James Wesley Manhart, M.D., of Libertyville, died June 19, 1989 at the age of 49. Dr. Manhart was a 1967 graduate of Stanford University School of Medicine, Palo Alto, California.

McKenna
Joseph E. McKenna, M.D., of Algonquin, died June 11, 1989 at the age of 69. Dr. McKenna was a 1950 graduate of Loyola University Stritch School of Medicine, Chicago.

****Miller**
Donald S. Miller, M.D., of Lincolnwood, died June 8, 1989 at the age of 80. Dr. Miller was a 1933 graduate of the University of Illinois College of Medicine, Chicago.

***Rulison**
Clyde A. Rulison, M.D., of Roberts, died June 1, 1989 at the age of 73. Dr. Rulison was a 1945 graduate of the University of Illinois College of Medicine, Chicago.

****Ruzic**
John F. Ruzic, M.D., of Oak Brook, died June 30, 1989 at the age of 93. Dr. Ruzic was a 1918 graduate of Loyola University Stritch School of Medicine, Chicago.

Shmiglesky
Irene Shmiglesky, M.D., of Chicago, died June 18, 1989 at the age of 77. Dr. Shmiglesky was a 1937 graduate of the University of Illinois College of Medicine, Chicago.

****Simonaitis**
John J. Simonaitis, M.D., of Palos Hills, died March 4, 1989 at the age of 87. Dr. Simonaitis was a 1931 graduate of Loyola University Stritch School of Medicine, Chicago.

****Slutske**
Herman M. Slutske, M.D., of Los Angeles, CA (formerly of Chicago), died August 18, 1989 at the age of 83. Dr. Slutske was a 1935 graduate of Chicago Medical School.

***Smith**
Charles J. Smith, M.D., of Buffalo Grove, died August 31, 1989 at the age of 74. Dr. Smith was a 1940 graduate of Northwestern University Medical School, Chicago.

****Smith**
Stanley Smith, M.D., of Belvidere, died June 22, 1989 at the age of 92. Dr. Smith was a 1931 graduate of Northwestern University Medical School, Chicago.

****Wagner**
David H. Wagner, M.D., of Chicago, died June 7, 1989 at the age of 83. Dr. Wagner was a 1931 graduate of the University of Illinois College of Medicine, Chicago.

Willander
*Duane Willander, M.D., of Galesburg, died July 12, 1989 at the age of 66. Dr. Willander was a 1947 graduate of Northwestern University Medical School, Chicago. ▲



BE AN AIR FORCE PHYSICIAN.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle and benefits you enjoy as an Air Force professional, along with:

- 30 days vacation with pay per year
- Dedicated, professional staff
- Non-contributing retirement plan if qualified

Today's Air Force offers the medical environment you seek. Find out how to qualify. Call **USAF HEALTH PROFESSIONS**
815-424-2035
COLLECT

AIR FORCE

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Family physician—well-equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating, etc. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone—(618) 285-6634.

Twenty-nine physician multispecialty clinic located in desirable east central Wisconsin location is seeking board certified or board qualified orthopedic surgeon to round out its services. Lab, x-ray, excellent hospital. Liberal guarantee and benefits. If interested contact D.F. Sweet, M.D., Fond du Lac Clinic, S. C., 80 Sheboygan Street, Fond du Lac, Wisconsin 54935.

Family practitioners, East Central Illinois. Immediate openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice (group or solo). Attractive support package including benefits. Small, friendly community of 10,000, family oriented environment. Service area of 30,000 people. Located three hours from both Chicago and St. Louis, 90 minutes from Indianapolis, Ind. Exceptional recreational, cultural, and educational opportunities. Modern, well-equipped, 49-bed, JCAH accredited facility. Contact: John M. Dillon, Administrator, Paris Community Hospital, East Court Street, Paris, IL 61944; (217) 465-4141.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Anesthesiologists BE/BC. Large, well established single specialty practice seeks additional anesthesiologists. All surgical subspecialties represented. Minimal OB and pain management. Excellent financial package. Early partnership. Send CV to: Associated Anesthesiologists, S.C., 5401 N. Knoxville, Suite 49, Peoria, IL 61614.

Medical center seeking physicians to work part time or on a time share office arrangement in the following specialties: gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Sue Shidler, Administrator, 1455 Golf Road, Suite 204, Des Plaines, IL 60017-2237 or call 708/390-9300.

Healthline Physician Services, an affiliate of St. Louis University Medical Center, is recruiting for an emergency department medical director and staff physicians at Hannibal Regional; Hannibal, Missouri. Growth oriented program in historic Missouri river town. Good compensation, benefits, paid liability. Part-time/locum tenens also available. Contact William J. Salmo, Healthline Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, Missouri 63108; 1-800-443-3901.

We are now recruiting physicians full and part- time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparoscopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

HealthLine Physician Services, affiliated with St. Louis University Medical Center, has full-time opportunities for the following specialties: BC family practice, BC pediatrics, BC or BE internal medicine. Income guaranteed, no capital investment. HealthLine also has part-time/full-time emergency medicine, clinic, locum tenens positions throughout the St. Louis area and nearby central/southern Illinois. Paid malpractice, flexible schedules, no call, no overhead; challenging medicine. Contact: Bill Salmo, HealthLine Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, MO 63108. 1-800-443-3901.

Meyer Medical Group, 28 physician primary care group with offices in S.W. Chicago and Orland Park seeking board certified/board eligible physicians from good programs in OB/Gyn, internal medicine, and peds. Write to Medical Director, Meyer Medical Group, 10444 S. Kedzie Ave., Chicago, IL 60655.

Family practitioner-physician, preferably BC/BE to join solo family physician in southwestern Illinois. Computerized, organized, very high collection rate. P.O. Box 655, Granite City, IL 62040.

Two OBG need third OBG. Older partner to retire, very good opportunity to have a solid private practice partnership. Call 708/879-0041.

Ob/Gyn—family practice—general surgery—inter- nal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc.; 12724 N. Maplecrest Lane; Mequon, WI 53092; 1-800-243-4353.

Internist BC/BE to join group of physicians with hospital affiliations: located south suburbs, excellent salary and benefits with incentives and progress to partnership. Send CV to Heather Medical Associates, Ltd., Doctors Pavilion, 17850 South Kedzie Avenue, Hazel Crest, IL 60429.

Large hospital based neonatology group practice has openings for full and part time board eligible and/or board certified neonatologists and pediatricians. Practice currently serves twelve community and two tertiary metropolitan Chicago hospitals. Excellent salary and benefit program includes malpractice insurance. For more information contact John Hylton, Director of Operations, Neonatal & Pediatric Services S.C., 2115 Butterfield Road, Oak Brook, IL 60521; 708/916-8900.

General surgeon: to join an established eight phy- sician group in a community within one hour's drive of Minneapolis/St. Paul. Excellent guarantee, good call coverage and excellent back-up. Beautiful, scenic Wisconsin community. For more information call Debbie Bakula at 1-800-332-0488.

North Carolina-family practitioner-BC/BE. Several exciting, yet different practice opportunities in fast growing beautiful southern town. Service area of 200,000. All served by 400-plus bed, fully accredited hospital. Send CV and letter to Box 2162, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

77 physician multispecialty group seeks BC/BE ENT physician. Excellent fringe benefits. Full association possible within three years. This group is located in the far western suburbs of Chicago in an area offering excellent schools, housing and recreational facilities. Send CV to Box 2163, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Missouri family practice group seeks fourth phy- sician, BC or BE, for historic community with two private colleges, near major university and medical center. Beautiful area. Recreation and cultural activities. Guarantee and other benefits. Reply in confidence to Mary Murphy, Jonas Physician Search. 1-800-544-6728.

Staff physicians. Western Illinois University is currently seeking staff physicians for its student health center. Staff physicians function as direct providers of diagnostic health care in serving the health care needs of approximately 11,000 students. Beu Health Center offers you: 37.5 hour work week with no hospital call; competitive salary; health and dental insurance, retirement plan, tuition waiver, paid holidays, 24 vacation days per year, paid sick days, malpractice insurance and CME. Please send a letter of application, along with two letters of reference and a resume to: Mr. James Borgstrom, Beu Health Center, Western Illinois University, Macomb, IL 61455.

Nationwide practice opportunities. All specialties. Fees paid by clients. Call: Wanda Parker, E.G. Todd Associates, Inc., 535 Fifth Avenue, Suite 1100, New York, NY 10017. 800/221-4762, or 800/599-6200.

Cardiologist. Developing second group of cardiol- ogists for 50,000-plus Kentucky city. Private hospital will provide beautiful office space, income guarantee and other benefits. The community offers four colleges, a midwestern atmosphere, and a host of family activities including indoor ice arena, symphony orchestra, and excellent golf. Call Dawn O'Steen at 800-526-3644 or write E. G. Todd Associates, 3475 Lenox Road, Suite 435, Atlanta, GA 30326.

Regional orthopedic practices. Lucrative orthope- dic practices available with several midwestern regional medical centers. Unique opportunities with highly competitive start up compensation packages which include income guarantees, paid malpractice and moving allowance along with additional desirable benefits. These are modern facilities with excellent peer association and up to date surgical equipment. Several locations available! Call Gwyneth Anderson at 800-221-4762 or write to E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

Internist for Nebraska. A growing regional medical center in Nebraska seeks an internist to complement a group of highly qualified peers. Modern, progressive hospital will purchase equipment as needed. Competitive compensation package includes malpractice. Regional community for recreation, culture and shopping. Call Gwyneth Anderson at 800-221-4762. E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

Emergency medicine positions available through- out Illinois and Indiana. Part-time, full-time and medical director opportunities in various settings from low-volume emergency departments to high-volume trauma centers. Physicians earn competitive hourly rates and are offered the best malpractice insurance in the industry. No on-call duty or overhead office expenses. Call Joan E. Logel, Spectrum Emergency Care, 1-800-325-3982, ext. 3087 or 314/878-2280, ext. 3087.

Anesthesiologist BE/BC to join established group. Opportunities include private practice, fee-for-service and supervision of CRNA's. Experience in pain management desirable. Send CV to Cynthia Alexander, M.D., 221 N.E. Glen Oak, Peoria, IL 61636.

Radiologist for midwest. Progressive hospital in Kansas with CT scan, mobile ultrasound and mammography seeks radiologist. Income guarantee provided. Projected revenues exceed $200,000. All insurances paid. One hour from two cities with both offering cultural and educational amenities. Call Gwyneth Anderson at 800-221-4762. E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

Vice president, administrative services and medi- cal affairs. Seeking qualified professional to manage the functions and activities of quality assurance, risk management, medical education, ethics committee, medical staff affairs and assist with physician recruitment. Will assist with development and implementation of policies and procedures. Candidate must have a master's degree in health care, business administration, or the equivalent, with a minimum of five years experience in a health care setting. Prefer MD, but will consider MSN, or RN with MHA. Please forward resume and salary history to: Employment Manager, Franciscan Medical Center, 2701-17th St., Rock Island, IL 61201; 309/793-2268, EOE.

Family practice and pediatric clinic opportunity in Belleville, Illinois, 15 minutes from St. Louis. Clinic hours 8am-10pm with patient appointments at 15 minute intervals. Competitive hourly reimbursement with monthly overage potential based on individual performance. Excellent lab, x-ray and back-up in most areas. Part-time and full-time openings available. For more information contact Ben Hatten, Spectrum Emergency Care, P.O. Box 27352, St. Louis, MO 63141, or 1-800-325-3982, ext. 3004.

Internist/ob/gyne/family practice—position is available July, 1990. Accredited ambulatory care facility provides medical services to student clientele. Full-time, 11 month position, competitive salary/benefit package and 40 hour week. Qualifications: M.D./D.O. degree, ability to obtain Illinois license, current DEA registration, and board eligible/certified. Search continued until position filled. Contact Glenn Weiss, M.D., Medical Director, Student Health Service, Illinois State University, Normal, IL 61761; 309/438-8655. Women and minorities are encouraged to apply. Affirmative Action/Equal Opportunity Employer.

General internist: Marshfield Clinic is seeking BE/ BC general internists to join its 30 member section in Marshfield and three expanding regional centers in northwestern and north central Wisconsin. An internal medicine residency program, University of Wisconsin Medical School affiliation and Medical Research Foundation contribute to a very stimulating practice environment. Positions offer strong economic stability combined with exceptional recreational, cultural and educational opportunities. Starting salaries up to $92,100 with salary in two years up to $116,400. Fringe benefit package is outstanding. Send CV to: David L. Draves, Director Regional Development, 1000 North Oak Avenue, Marshfield, WI 54449, or call collect at 715/387-5376.

Emergency physician—Illinois, Freeport—MESA. Full-/part-time opportunities for physicians board prepared/certified in emergency medicine at this level II trauma center with 15,000 ED visits/year. Professional compensation includes malpractice insurance and bonuses related to unit profits. For full-time physicians, compensation also includes immediate comprehensive benefit package or discretionary full-time physician bonus paid quarterly in lieu of benefits the first year. MESA is a physician-owned and -managed emergency medicine group with 25 years of experience. For additional information, please call Patricia Nuccio, Medical Emergency Service Associates, S.C., 15 S. McHenry Road, Buffalo Grove, IL 60089; 708/459-7300.

Emergency physician—Illinois, Dixon—MESA. Full-/part-time opportunities for physicians experienced in emergency medicine at this paramedic resource hospital and newly built ED with 10,000 visits/year. Professional compensation includes malpractice insurance and bonuses related to unit profits. For full-time physicians, compensation also includes immediate comprehensive benefit package or discretionary full-time physician bonus paid quarterly in lieu of benefits the first year. MESA is a physician-owned and -managed emergency medicine group with 25 years of experience. For additional information, please call Patricia Nuccio, Medical Emergency Service Associates, S.C., 15 S. McHenry Road, Buffalo Grove, IL 60089; 708/459-7300.

Pediatrician board certified/board eligible wanted for part-time position at a children's orthopedic hospital. Please send current CV to Lawrence C. Vogel, M.D., Shriners Hospital for Crippled Children, 2211 N. Oak Park Ave., Chicago, IL 60635.

Situations Wanted

Board-certified Ob/Gyn: seeks practice opportuni- ties in Chicago or Illinois. Trained in family planning, gyn-oncology, liposuction, laser and out-patient ambulatory surgery. Academic experienced. Call at night 312/527-4346 or write R. Crisostomo, Jr., M.D., 300 N. State St. 5135, Chicago, IL 60610.

Certified family-practitioner seeking part-time po- sitions. Reply to Box 2048, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified Ob/Gyn seeking part-time posi- tions. Please reply to Box 2047, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General practice and general surgery. Seeking po- sition solo practice in GP/GS, sponsored by a JCAH Hospital, not HMO. Illinois license, American Board eligible in surgery. Available now. Write: 10 Cottonwood, Apt. 811, Canyon, TX 79015.

Academic neurologist, EMG/neuromuscular sub- spec. interested in part time consulting. Medical groups, hospitals, insurance, industry. Provide full details in your reply. Box 2165, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician recruiter available to hospitals in the Chicago metro and northern Illinois and Indiana areas. Reply to Box 2164, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Arlington Heights, Illinois: General office space available. 475-920 square feet. Ideal space for counseling center, psychiatrist or psychologist. Excellent location at Palatine Highway and Arlington Heights Road. Please call Jean Kulavic at 708/441-8236 for an appointment.

Historic 17-room home 40 minutes from downtown Chicago. Faces country club and features 3-room master suite w/fireplace, commercial kitchen, 5-car garage, security system. For private showing, call only Rita Clark at Coldwell Banker/Santefort-Naughton: 708/957-0600 or 708/799-4719.

Miscellaneous

$5,000-$60,000: For physicians unsecured signa- ture loans. Available for debt consolidation, investments, tuition, relocations, purchase of medical practices or any need including taxes. Level payments up to six years. No prepayment penalty. For application call toll free: 1-800-331-4952, Dept. 114, MediVersal.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/3˝3-0337.

Medical billing, insurance filing: we provide fast, accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMO's or private insurance please contact LNJ Automated Data Services, 834 E. Rand Road, Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

NEWLY PRACTICING PHYSICIAN

DISCOUNT

REDUCES YOUR PROFESSIONAL LIABILITY COSTS AS YOU ESTABLISH PRACTICE.

IF YOU ARE A PHYSICIAN ENTERING PRACTICE FOR THE FIRST TIME, OR ENTERING A NEW PRACTICE SPECIALTY UPON COMPLETION OF MEDICAL TRAINING, YOU WILL BE ENTITLED TO A REDUCED PREMIUM FOR THE FIRST TWENTY-ONE MONTHS OF PRACTICE.

The Exchange is physician owned and operated, supported by a staff of insurance professionals. We provide superior advocacy service. We are committed to the Illinois physician.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians **since 1976.**

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

W1 IL417L
V.2 NO.5 1990
C.D1--------SEQ: SR0063601
TI: ILLINOIS MEDICINE

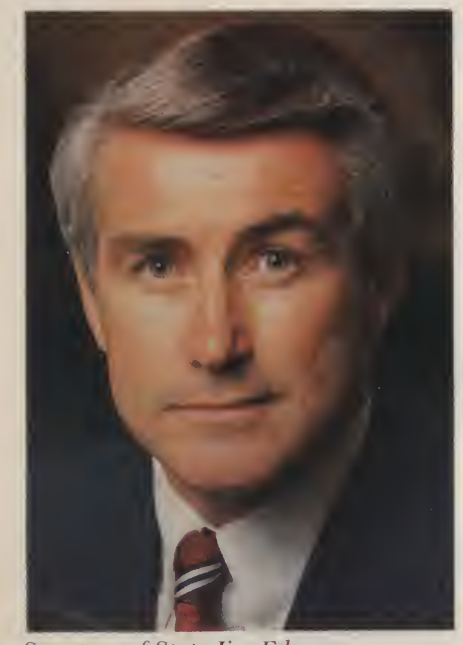
Illinois' first house call . . . 11

Illinois Medicine

March 2, 1990

ILLINOIS STATE MEDICAL SOCIETY

NATIONAL LIBRARY
MAR 07 1990
OF MEDICINE



Secretary of State Jim Edgar

Illinois MDs' PAC picks Edgar

THE POLITICAL action committee of the Illinois State Medical Society has named Secretary of State Jim Edgar as its 1990 pick for governor. The endorsement, voted on recently by the Illinois State Medical Society Political Action Committee (IMPAC), means organized medicine here will work on behalf of the Republican candidate in the upcoming elections.

"We believe Jim Edgar will be a strong supporter of quality medical care. He understands the issues currently confronting Illinois physicians and patients," said IMPAC Vice Chairman Alfred Clementi, M.D. in announcing the decision. "We have confidence he will use his excellent record of public policy leadership to meet the many challenges facing health care in Illinois."

As a separate but affiliated arm of the Illinois State Medical Society (ISMS), IMPAC helps election campaigns of worthy candidates on behalf of Illinois physicians.

Edgar, who has held the Secretary of State post for nine years, faces a primary fight from two opponents, conservative activist Steven Baer and Berwyn radiologist Robert Marshall, M.D. Political analysts expect Edgar to win the primary nomination and face Democrat Attorney General Neil Hartigan in November.

IMPAC's endorsement posed a difficult choice, according to Dr. Clementi. "There are two excellent candidates in the statehouse race. Neil Hartigan has also been a good friend to Illinois physicians, as evidenced by his defense of our hard-won medical malpractice reforms before the Illinois Supreme Court just a few years ago. In the end, it came down to who would be the best leader on health care issues," he explained. "We firmly believe that's Edgar."

"I'm very grateful for IMPAC's early show of support," said Edgar, adding, "I believe Illinois' current medical system is responsible for the

(continued on page 13)

AMA chief resigns; Todd acting CEO

JAMES H. SAMMONS, M.D., executive vice president of the Chicago-based American Medical Association (AMA), resigned Saturday, February 10, ten months prior to his planned retirement in March 1991. The AMA board immediately named James S. Todd, M.D., Dr. Sammons'chief deputy, as acting executive vice president, pending the search for a permanent successor.

The resignation came one week after Chicago *Sun Times* disclosures that Dr. Sammons and another top AMA staff executive benefitted from personal real estate sales on which the AMA lost money.

Dr. Sammons' statement read, "I am relinquishing my duties 10 months earlier than I had intended to because I am convinced that the AMA should focus on the future now and not wait until I go as planned." He had served as AMA's top staff executive for 15 years.

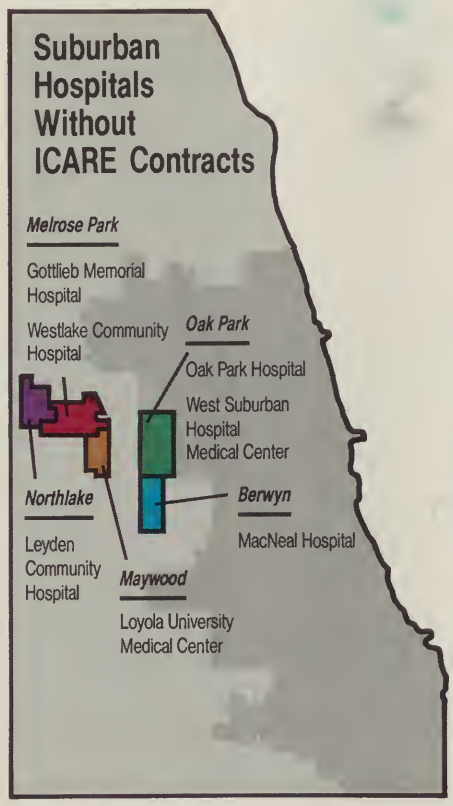
In a separate statement the AMA board recognized "the major contributions that Dr. Sammons has made to the AMA and medicine over the last 15 years. The scientific, financial

(continued on page 9)

Seven suburban hospitals fail to obtain ICARE contracts

by Kevin O'Brien

THE ILLINOIS Department of Public Aid (IDPA) did not offer Illinois competitive access and reimbursement (ICARE) contracts to seven west suburban Chicago hospitals after several of the hospitals (three of which had negotiated as a group) refused the state's final rate offers, *Illinois Medicine* has learned. Consequently, IDPA has not closed one of its ICARE planning areas.



The breakdown in negotiations does not mean the seven hospitals involved will not care for Medicaid patients. The institutions are still eligible to be "participating" hospitals under the Medicaid program. Under this arrangement, the hospitals receive a pre-established *per diem* rate for each Medicaid client.

The ICARE program allots an annual number of Medicaid days and determines the reimbursement rate for each contracting hospital. Hospitals may negotiate contracts setting different rate and day levels for general and some specialty care services.

New Medicaid reimbursement rates for most suburban Chicago hospitals took effect January 1. Because they are competitive and negotiated on a hospital-by-hospital basis, the new rates are confidential until negotiations with all Illinois hospitals are completed in Septem-

(continued on page 13)



Ron Ackerman

Illinois Public Action's Robert Creamer announces IPA's universal health plan for Illinois.

Universal health plan proposed

by Eileen Norris

HEALTH INSURERS would be virtually abolished, hospital budgets would be set by the state, and physicians would be reimbursed on a set fee under a statewide public-funded health insurance program proposed by Illinois Public Action (IPA), a consumer lobbying group.

IPA, formerly known as the Illinois Public Action Council, announced recently that it is supporting legislation to be introduced by Rep. Anthony Young (D-Chicago) that would establish a Canadian-style universal health insurance plan for Illi-

(continued on page 14)

In this issue

Trauma network boundaries drawn 2
Chiropractors win suit against AMA 2
Daley unveils Chicago infant care program 2
Medicaid helps pregnant women obtain benefits 3
IMPAC elections noted 5
Case in Point 6
Public health report 10

BETHESDA MD 20894
8600 ROCKVILLE PIKE
TSD - SERIALS
NATIONAL LIBRARY OF MEDICINE
0220 IM

Federal appeals court upholds chiropractors' victory against AMA

A FEDERAL appeals court on February 7 upheld a 1987 federal ruling that the American Medical Association's (AMA) long-standing policies toward chiropractors violated federal antitrust law.

The ruling, which was immediately hailed by chiropractors, capped a 13-year legal battle between chiropractors and medical groups, including the AMA. In *Wilk v. the American Medical Association, et al,* first filed in October 1976, a group of four chiropractors had sued the AMA, the American Hospital Association, and 10 other medical associations including the Illinois State Medical Society (ISMS), claiming the organizations had conspired to suppress chiropractic practice in the United States. ISMS settled out of court in 1985, without admitting any liability.

In 1987, Judge Susan Getzendanner of the U.S. District Court for the Northern District of Illinois ruled that from the mid-1960s to 1980, the AMA and other medical groups had orchestrated a campaign to inform their members that chiropractors were "unscientific and that it was unethical for a medical physician to associate with a chiropractor."

That campaign, Judge Getzendanner ruled, resulted in an "unreasonable restraint of trade." She immediately ordered an injunction against future anti-competitive behavior by the AMA and other defendants. No monetary damages were awarded. It was the AMA's appeal of that injunction (the AMA had labelled it "plainly unnecessary and wrong") which led to the February 7 decision. ▲

Teen mothers are target

Daley announces TEAM program to combat infant mortality in Chicago

by Kevin O'Brien

CHICAGO MAYOR Richard M. Daley announced a new infant mortality initiative in a February 13 press conference at Roberto Clemente High School on the city's near west side.

The program, known as TEAM (training, education, access and management) will brings dozens of city health, education and clinical staff into city schools. The new program is specifically targeted at teenage mothers, who account for 18.8 percent of all births in Chicago, but 25 percent of infant deaths.

According to Chicago Department of Health (CDH) statistics, Chicago's infant mortality rate in 1988, the most recent year for which information is available, was 15.2 per 1,000 live births through the first year of life. The 1988 national rate was 9.9 per 1,000 births, while Illinois' rate was 11.2. Several south and west side Chicago community areas have rates in excess of 30.0, CDH figures say.

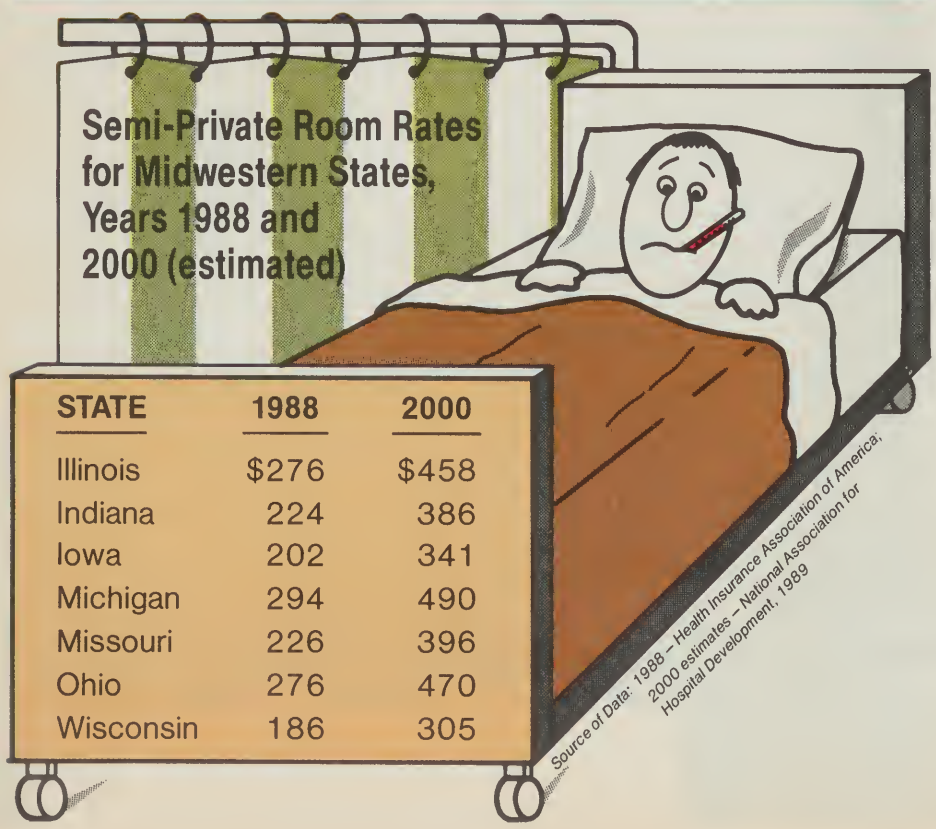
CDH allocates $32 million to maternal and child health care programs. However, Acting Health Commissioner Richard Krieg, Ph.D. says he has no idea how effective the programs are because they have never been evaluated.

The TEAM program will be overseen by a new mayoral council on infant mortality, to be comprised of maternal and child health leaders, community representatives, public agency directors and others.

The TEAM program will bring health, education and clinical staff into schools.

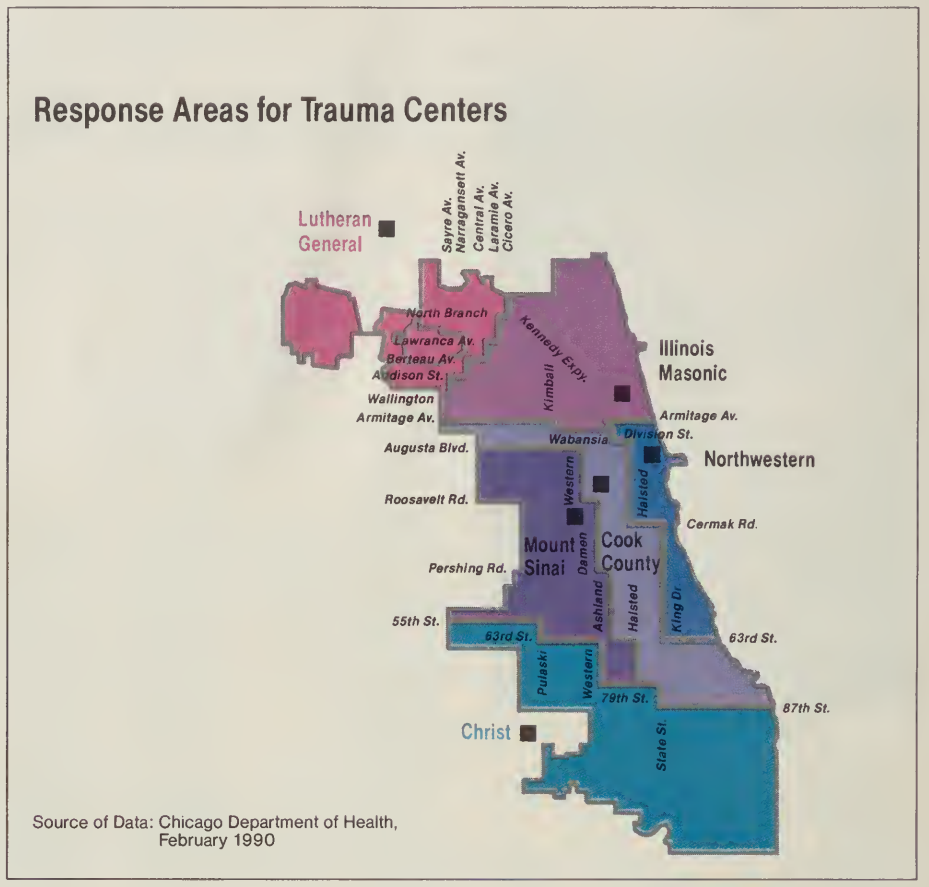
The comprehensive program will include drug intervention programs, training programs for Families with a Future network managers, a city neighborhood clinic and high school match program, increased hospital access for pregnant women with a presumptive Medicaid eligibility program, better coordination of city departments, stronger emphasis on program evaluation and other programs. ▲

Physician facts



STATE	1988	2000
Illinois	$276	$458
Indiana	224	386
Iowa	202	341
Michigan	294	490
Missouri	226	396
Ohio	276	470
Wisconsin	186	305

Source of Data: 1988 – Health Insurance Association of America; 2000 estimates – National Association for Hospital Development, 1989



Trauma boundaries update

ON FEBRUARY 17, the Chicago Department of Health (CDH) put into effect revised Chicago trauma center response boundaries, which it says will preserve 20-25 minute transport times for trauma victims. The new boundaries, necessitated by the departure of Michael Reese Hospital and Medical Center from the city's trauma system, mean that Christ Hospital (in suburban Oak Lawn), Mt. Sinai Hospital and Cook County Hospital will share the city's south and west side patient loads. In addition, Northwestern Memorial Hospital will accept trauma patients from areas along the lakefront as far south as 63rd Street.

In a related development, the city's trauma oversight committee, formed last October to study the city's system, has tentatively decided to reshape January legislation calling for funding the state trauma system through new revenues generated through fines from persons convicted of serious traffic offenses. The hurriedly-crafted bill, announced with great fanfare by Mayor Richard M. Daley on January 9, fell five votes short of passage in the Illinois Senate on January 11 (see January 19 *Illinois Medicine*). CDH deputy commissioner for planning Patrick Lenihan told the committee February 9 that a "real opportunity" exists to "address both the short-term and long-term problems and still not compromise the summit process."

Lenihan said the revised bill must address legislators' three key objections to the January bill: a perception that Chicago's trauma crisis is confined to only a few trauma centers; that the bill did not adequately address downstate trauma needs, which are different from Chicago's; and a general disbelief that trauma center financial losses are as great as has been stated. The committee instructed Lenihan to gather information to facilitate revision of the bill and present his findings at its February 23 meeting.

Governor Thompson, in his January 10 State of the State address to the General Assembly, said he would not commit "dollar one of state dollars to any health care delivery system in Cook County—however good, however needed—until we take care of the needs of the *whole* state from Chicago to southern Illinois and everything in between." ▲

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

IDPA gives pregnant women instant Medicaid eligibility

IN AN EFFORT to reduce infant mortality, the Illinois Department of Public Aid (IDPA) is expanding a program which permits some pregnant women to be immediately determined "presumptively eligible" for Medicaid coverage.

The program, called Medicaid Presumptive Eligibility (MPE), began in January 1989 on a limited basis at selected sites in Chicago and southern Illinois. During the first four months of 1990, IDPA is expanding the program by training, on a regional basis, more than 100 qualified MPE providers statewide (see chart).

An MPE-qualified provider is a hospital outpatient clinic or a free-standing clinic which provides Medicaid services *and* receives funding under the federal community or migrant health centers programs. Such a clinic must be working according to the regulations of the Public Health Service Act or the Maternal and Child Health Block Grant, or must participate in Illinois' perinatal health services program; or be a grantee of the Commodity Supplemental Food Program or of the Women, Infants and Children program (WIC).

"It's important to identify women early in their pregnancy and get them into the system as soon as possible," said Greg O'Connor, IDPA executive deputy director. "If a pregnant woman meets basic minimum eligibility standards, we presume her eligible while we continue the eligibility process."

In order for a pregnant woman to be eligible for the program, an MPE qualified provider must determine, based on a pregnant woman's statement, that her family's income does not exceed that allowed for Medicaid coverage, and medically verify that the woman is pregnant. Once the woman meets these standards, the provider will assist her in making an appointment with her local public aid office to complete the eligibility process.

Medicaid coverage begins at determination

If a woman is found eligible for the MPE program, Medicaid coverage of ambulatory prenatal care services, including medically necessary transportation, begins on the date of MPE determination and ends when IDPA approves or denies Medicaid eligibility. Medicaid coverage ends 45 days following the date of "presumptive eligibility" determination if her application is still pending (if approved, long-term eligibility takes effect). If the woman fails to complete the application interview, IDPA may end or deny MPE coverage 14 calendar days after the date of MPE determination.

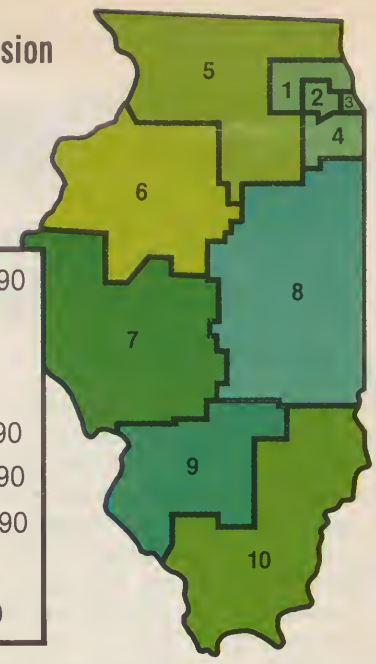
MPE qualified providers are required to inform a "presumptively eligible" pregnant woman that she may receive prenatal care from any Medicaid provider, including individual physicians. Ambulatory prenatal care providers are guaranteed payment for covered services as long as claims are properly filed by established billing procedures.

Pregnant women determined eligible for MPE will receive a card stating that services are limited to ambulatory prenatal care only.

Medical care providers should refer low-income pregnant women who may be eligible for the MPE program to a local public aid office or an MPE qualified provider. A list of MPE qualified providers for all areas is available by calling IDPA's maternal and child health section at (217) 524-7121. However, the list for each region won't be available until after its program is implemented. IDPA will soon be releasing a notice to all participating providers. ▲

Medicaid Presumptive Eligibility Expansion Schedule of Training Sessions for Qualified Providers
(By Region)

IDPA Regions 1–4 (Cook, DuPage, Kane and Will Counties)	January 9–31, 1990
IDPA Region 8	March 6–9, 1990
IDPA Region 9	March 13–14, 1990
IDPA Region 5	March 16–23, 1990
IDPA Region 6	March 27–30, 1990
IDPA Region 7	April 3–6, 1990
IDPA Region 10	April 10–12, 1990



Source of Data: Illinois Department of Public Aid

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

MEDICARE NOTES

ATTENTION, PHYSICIANS — INPATIENT "REHABILITATION MEDICINE" HOSPITAL VISITS

Health Care Financing Administration requires prepayment review of Inpatient "Rehabilitation Medicine" hospital visits. This review will be done if the physician billing for services is Provider Specialty *25* Physical Medicine & Rehabilitation.

Additional documentation, as shown below, should be submitted on your claim. Absence of this information may cause denial of the claim. This documentation will demonstrate if the physician has assumed diagnostic responsibilities & is providing medical management.

- Is the patient in a rehabilitation bed? ____ Yes ____ No
- Are you the attending physician? ____ Yes ____ No

The above requirement applies to *Specialty 25 only,* and to Procedure Codes 90200 through 90280. Claims received April 1, 1990 and after will automatically undergo this prepayment review.

FAIR HEARINGS — SUBMISSION OF MULTIPLE CASES

In order to qualify for a Fair Hearing after a formal Review, there must be at least $100 in controversy. Providers may combine reviews from several beneficiaries to meet the $100 level. However, when the number of beneficiaries on one hearing request exceeds 10, the time required to process the case increases significantly as well. To expedite the processing of "multiple" hearings, providers should limit the number of beneficiaries to *10 or less* per hearing request.

EXAMPLE: If a provider has a total of 35 cases to submit for fair hearing, submit three groups of 10 & one group of 5.

Refer to APPEALS-2 in the MEDICARE B PROVIDER HANDBOOK for more information on submitting a request for fair hearing.

PUNCTUM PLUGS

Medicare B will reimburse up to $3.00 for Collagen Punctum Plugs when billed in conjunction with Surgical Procedure Code 68820 "Probing of Lacrimal Duct". Use Procedure Code 99070 when billing for the punctum plugs — with this code, specify "Collagen Punctum Plugs" and state the number of plugs provided to the patient during the surgical procedure.

(This report is a service to the physicians of Illinois)
3/02/90

Editorials

Let's work together on rural health now

Now that our rural health series is complete, we have the opportunity for some reflection on the subject.

A number of apparent yet complex problems beset rural health care delivery in Illinois today. Underfunding of hospitals, scarcity of obstetrical and other care, and a chronic physician shortage, are all symptoms of underlying economic malaise and social change.

The solutions are less obvious. How to reverse the effects of over a decade of economic decline and depopulation, which have left scars on the rural landscape? Neither government nor professional and community organizations can wipe away long-term, chronic problems effortlessly.

But a number of initiatives have gotten underway which could provide future direction in this area. The Illinois State Medical Society is proud to be involved; we want to be a part of the solution, along with leaders from all sectors of society. That's why we've gotten involved in the Farm Bureau's current rural health care evaluation project, to cite just one example.

While there is no magic "pill" we as a state can take to cure our rural health ills, we can achieve a great deal in working together to put Illinois back on the road to a sound rural health care system.

Universal health care and one dream of access

Anyone in the health care field today knows there are access problems, especially for the poor and the uninsured. A variety of efforts involving health care, civic and government leaders are working in this area now. The Chicago/Cook County summit is but one example.

Now comes the Illinois Public Action (IPA) proposal for universal health care in Illinois. At first blush, that plan sounds like a dream solution to the problems now being looked at. Under the plan, a single state health insurance program would be administered by a single government entity, and would bring with it the promise of equality and universality of access.

Unfortunately, dreamlike visions have a way of ignoring practical realities; and there are a variety of methodological problems with the IPA proposal.

To begin with, physicians know from practical experience that less bureaucracy is better than more. The IPA plan involves administration by a state government mega-agency, which supporters say will cut down on waste and inefficiency. The fact is, when Medicare and Medicaid were proposed they were pitched as simplifying systems, and have since become bureaucratic giants. Eliminating inefficient paperwork through abolishing insurance companies sounds good; but Medicare and Medicaid, two government programs, are perhaps the largest generators of physician paperwork today.

Funding is critical. Changing the administration of insurance alone will not curb costs or relieve pressures on the system. The IPA plan would almost certainly mean higher taxes, at a time when taxpayers are already in revolt.

And implementing such a program in Illinois alone could send insurers fleeing the state for better underwriting climates. How could the state government control insurers operating nationally? It simply couldn't.

We physicians, as caregivers in society, are committed to finding solutions to today's health care access problems. Let's take care not to fall in love with the new for newness' sake. ▲

Illinois Medicine

VOLUME 2, NUMBER 5 **MARCH 2, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
Eugene P. Johnson, M.D., *President*
Harold L. Jensen, M.D., *Chairman of the Board*

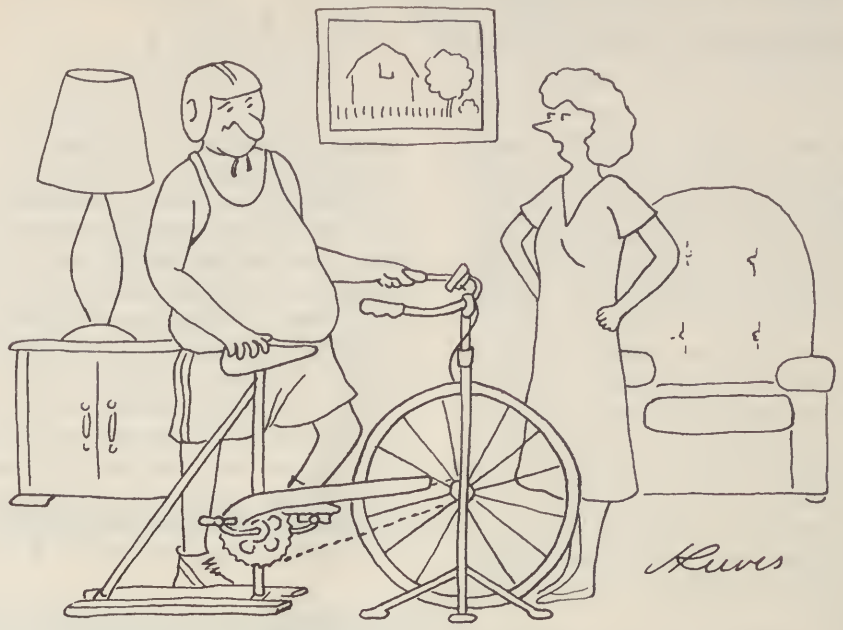
***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Suzanne W. Nelson, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



"I don't think you need to worry about having a serious accident."

President's column

Give AMA leaders a chance to lead



Eugene P. Johnson, M.D.

"You can't clean a house if you're not in it." With these words, Seymour Goldberg, M.D., McLean County Medical Society president, summed up the Illinois State Medical Society's (ISMS) efforts to help strengthen the American Medical Association (AMA).

ISMS has long been concerned about the direction AMA has been taking. Specifically, we worry about the AMA's decline in influence in Washington, its increasing emphasis on for-profit subsidiaries, its increasingly difficult and cumbersome policymaking apparatus, and its ineffectiveness in improving the image of physicians and organized medicine.

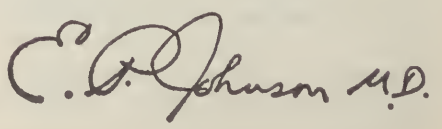
The most recent revelations of financial irregularities, culminating in the resignation of AMA Executive Vice President James H. Sammons, M.D., have put the spotlight on AMA and prompted many ISMS members to wonder how and why we bother with an organization that seems to treat our dues money in such a cavalier fashion.

What I tell members is that if we didn't have an AMA, we would have to invent one. And, cleaning the house we live in seems to be a lot smarter than building a new house. That's why ISMS proposed that independent outside experts look at the AMA's financial, management, policymaking and administrative procedures and make recommendations to improve them, re-focus them and make them more effectively serve AMA members. Our Resolution 130, referred to the AMA board for action in December 1989, calls for these measures and asks AMA to review its mission statement to assure that every activity serves physician members and their patients.

John J. "Jack" Ring, AMA board chairman, and a Lake County ISMS member, has an awesome responsibility in the coming months. The organization he heads is reeling from scandal; members beyond Illinois are thinking about not renewing their membership; and forces outside medicine continue to press for measures harmful to patients and the medical profession.

I think we ought to give Dr. Ring and the AMA board a chance to do their job, which is to lead AMA into a better, stronger era. The board promised a report back to the AMA House of Delegates at its June annual meeting. This report on the investigations into financial matters should be open and thorough; the action plan on how to prevent future inappropriate financial behavior should be strong and clear. Further, the AMA board should take ISMS' Resolution 130 seriously and specifically report to the House on actions taken as a result of it.

The AMA doesn't need to be reinvented. It needs strong, specific action to get it back on course. ▲



Eugene P. Johnson, M.D.
President

Notification of IMPAC annual meeting

THE 1990 annual meeting of the Illinois State Medical Society Political Action Committee (IMPAC) will be held on Friday, April 6, 1990, immediately following adjournment of the ISMS House of Delegates at 11:15 a.m. (approximately), at the Westin O'Hare Hotel, Rosemont, Illinois.

All members are encouraged to attend.

The 1990 IMPAC Nominating Committee has met and nominated the following individuals for membership on the IMPAC Council for terms expiring in 1993. They are: James H. Andersen, M.D., Oak Brook; Andrew M. Basile, D.O., Chicago; Alfred J. Clementi, M.D., Arlington Heights; Louis Dondanville, M.D., Moline; Edwin Falloon, M.D., Palos Heights; William F. Hays, M.D., Herrin; Albert W. Ray, Jr., M.D., Joliet; Biswamay Ray, M.D., Chicago; Arthur R. Traugott, M.D., Urbana; and Jerome Weiskopf, M.D., Rockford.

The IMPAC Council recommends the adoption of the following changes to IMPAC bylaws:

WHEREAS, the Illinois State Medical Society has a Political Action Committee, hereinafter referred to as IMPAC; and

WHEREAS, IMPAC represents members of the medical profession acting together to promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs; and

WHEREAS, interest in membership to IMPAC has grown from individual members to groups and other legal entities; therefore be it;

RESOLVED, that the Illinois State Medical Society Political Action Committee amend its Constitution and Bylaws, in Article VIII, Section 3, to read;

"There shall be an Executive Committee of the Council composed of the Chairman, and *five (5)* members of the Council.", and be it further;

RESOLVED, that the Illinois State Medical Society Political Action Committee amend its Constitution and Bylaws, in Article V, Section 1(b), to read;

"Member. Any individual, partnership, corporation, or organization who or which pays dues voluntarily to IMPAC may become a member.", and be it further:

RESOLVED, that these changes be reflected in all IMPAC documents and publications. ▲

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE

707 South Wood Street
Chicago, IL 60612

ACCME Accredited

April — June, 1990

- ☐ Advances in Internal Medicine, 1990 (Four Seasons Biltmore, Santa Barbara, Calif.) April 2 - 5, 1990
- ☐ Advances in Emergency Medicine, 1990 April 16 - 18, 1990
- ☐ Specialty Review in Urology April 16 - 21, 1990
- ☐ Modern Trauma Management: The First 24 Hours April 19 - 21, 1990
- ☐ Specialty Review in Obstetrics and Gynecology April 29 - May 5, 1990
- ☐ Advances in Surgery, 1990 April 30 - May 4, 1990
- ☐ Specialty Review in Family Medicine May 5 - 11, 1990
- ☐ Adolescent Medicine May 10 - 12, 1990
- ☐ Perioperative Medicine for the Consultant May 10 - 12, 1990
- ☐ Specialty Review in Anesthesiology May 12 - 18, 1990
- ☐ Specialty Review in Pediatric Hematology/Oncology May 14 - 16, 1990
- ☐ Advances in Pediatric Cardiology, 1990 May 30 - June 1, 1990
- ☐ Advances in Colon and Rectal Surgery for the General Surgeon May 31 - June 1, 1990
- ☐ Flexible Fiberoptic Sigmoidoscopy June 2, 1990
- ☐ Fiberoptic Colonoscopy June 6 - 8, 1990
- ☐ Urologic Surgery Workshop for Practitioners June 7 - 9, 1990
- ☐ Fiberoptic Esophagogastric Endoscopy June 11 - 13, 1990
- ☐ Practical Strategies in Primary Care, 1990 June 25 - 29, 1990

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____

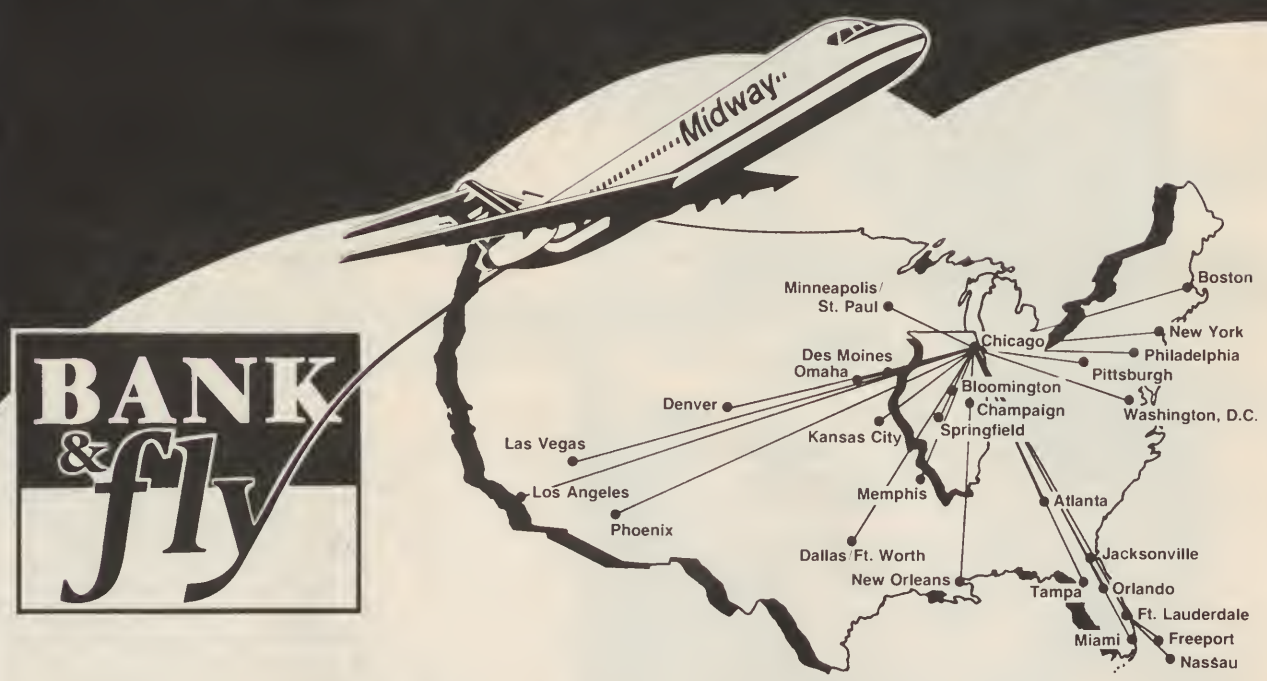
Address _____

City _____

State _____ Zip _____

Call toll-free today!
1-800-621-4651

Fly to Over 40 Cities for as Low as $79* ONE WAY ON Midway®



BANK & fly

Bank with Marine and fly for less on Midway Airlines®.

When you bank with Marine, your dollar can take you farther than you think! Simply open or add to a qualifying account and buy travel certificates good for special airfares with Midway Airlines. Fly from Springfield, Champaign-Urbana, or Bloomington-Normal, via Chicago Midway Airport, to one of over 40 U.S. cities.

Contact a Marine Personal Banker for more information about this exciting offer.

Bank & Fly at Marine Bank...we're going the distance for you.

$79 Atlanta • Boston • Chicago • Cleveland • Columbus • Dallas/Ft. Worth • Detroit • Kansas City • Memphis • Milwaukee • Minneapolis/St. Paul • New Orleans • New York • Omaha • Philadelphia • Pittsburgh • Washington, D.C.

$109 Ft. Lauderdale • Ft. Myers • Jacksonville • Miami • Orlando • Sarasota • Tampa • West Palm Beach • Freeport, Bahamas • Nassau, Bahamas

$139 Denver • Las Vegas • Los Angeles • Phoenix

* Subject to availability. Some restrictions may apply. Each certificate is good any day of the week until April 30, 1991.

You've been talking. We've been listening.

MARINE BANK

SPRINGFIELD (217) 525-9600
CHAMPAIGN-URBANA (217) 351-1600
BLOOMINGTON-NORMAL (309) 664-9000
MONTICELLO (217) 762-2111

A subsidiary of Marine Corporation

Member FDIC

© Marine Corporation, 1990

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin
President, Medit Associates

If these were your patients, how would you have handled these cases?

Case #1

Presenting complaint and initial diagnosis—A 72-year-old male in good health consulted his ophthalmologist, complaining that his vision was blurred in his left eye, making it difficult to read and drive. An examination revealed the presence of an advanced senile cataract.

The case in brief—The physician suggested surgery to remove the cataract and implantation of an intraocular lens. The patient decided to have the procedure done. During an operation—a planned extracapsulary lens extraction with lens implantation—the patient's eye suffered an expulsive hemorrhage. Vitreous loss ensued with total retinal detachment. The eye became irritable and had to be removed.

The resulting claim—The patient sued, alleging negligent performance of the surgery resulting in blindness in the left eye, failure to advise him of the risks involved in the cataract operation, and failure to obtain his informed consent. When the case went to court the physician testified, and an expert witness confirmed, that expulsive hemorrhage is a complication that can occur during a cataract procedure and that negligence was not involved. The physician further contended that the plaintiff was given adequate information concerning the risks and benefits of the operation.

The outcome of the claim—A jury returned a verdict in favor of the physician.

The points this case makes—Because cataract surgery has become very common as the number of older Americans increases, people have come to view the surgery "as though there were nothing to it," says one Illinois ophthalmic surgeon. As with any surgery, there can be serious complications. This can create litigation problems when complications do occur and patients' high expectations for the procedure are not met.

The physician in the case above had fully explained the possible complications that could occur, including hemorrhage, infection, retinal detachment, problems associated with administration of anesthesia, and blindness. He had documented this explanation in the patient's record and had obtained a signed consent form from the patient corroborating the discussion. The patient, fully advised of the pros and cons of the surgery, elected to proceed.

Given that expert testimony supported the physician's statement that the complication was not due to any negligence, and the consent was informed, the case was defensible and the physician won.

Case #2

Presenting complaint and initial diagnosis—A 58-year-old female schoolteacher consulted an ophthalmologist because she was having difficulty reading. An examination revealed the presence of a senile cataract in her right eye and a developing cataract in her left eye. The patient had diabetes mellitus which the physician felt may have contributed to the presence of the cataracts.

The case in brief—The physician discussed the possibility of immediate surgery to remove the cataract from the right eye and continuing observation of the condition in the left eye. The patient elected to undergo right eye cataract surgery. The physician typically performed extracapsulary extraction with insertion of a posterior chamber lens. However, he had become interested in use of phacoemulsification to remove cataracts and inserting a smaller folded lens requiring fewer stitches. He had attended a clinical seminar on the use of the phacoemulsification procedure and had scrubbed to watch the insertion of the folded lens on several occasions. He elected to use phacoemulsification and to implant the folded lens in this patient. At surgery he began to use phacoemulsification but had difficulty with completion of the procedure and with insertion of the folded lens. On the patient's first postoperative visit to the physician, lens material was observed in the anterior chamber of the eye, there was injury to the eye, and scratching of the corneal surface.

The patient's vision was poor and did not improve in the weeks following the operation.

The resulting claim—The patient alleged negligence in performing the cataract surgery, with resulting serious injury to the eye and permanent impairment of vision, failure to tell her that he was using a technology with which he was not fully familiar, failure to advise her he was using an investigational lens, and failure to obtain her informed consent.

The outcome of the claim—A settlement of $120,000 was negotiated.

The points this case makes—It was impossible to defend this case for a number of reasons. The physician proceeded with the use of a technique which he had not yet mastered even after he got into difficulty, causing damage to the eye. He also did not deviate from his plan to implant the smaller folded lens despite the problems with the phacoemulsification. The lens which the physician implanted was still an investigational type and he had not obtained status as a clinical investigator nor had he explained to the patient that he was using a different lens implant. He did, however, inform the patient that he was planning to use phacoemulsification.

This case focuses upon technology and its proper use. Phacoemulsification is a technique which was used in the past, "shelved" by many physicians performing cataract surgery, but is now once more being used with greater frequency, ISMIE consultants say. As with use of any new technology, there is a "learning curve." Medical academicians advise that when a physician is learning to use such a new technique that he or she proceed only one step at a time.

The pros and cons of using smaller folded lenses are still being debated. As in the case described, there was a real question of malpractice because the physician injured the patient's eye while he was learning the procedure. He also had failed to properly inform the patient of the techniques he planned to use and to tell her that he was using a lens that was investigational. When problems developed, the patient was understandably angry.

Become thoroughly familiar with new technology, proceed slowly and cautiously when converting to new equipment or devices, and fully inform patients of the techniques and approaches to be used to avoid trouble, consultants say. ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

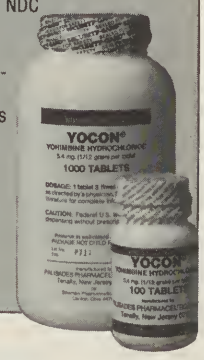
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

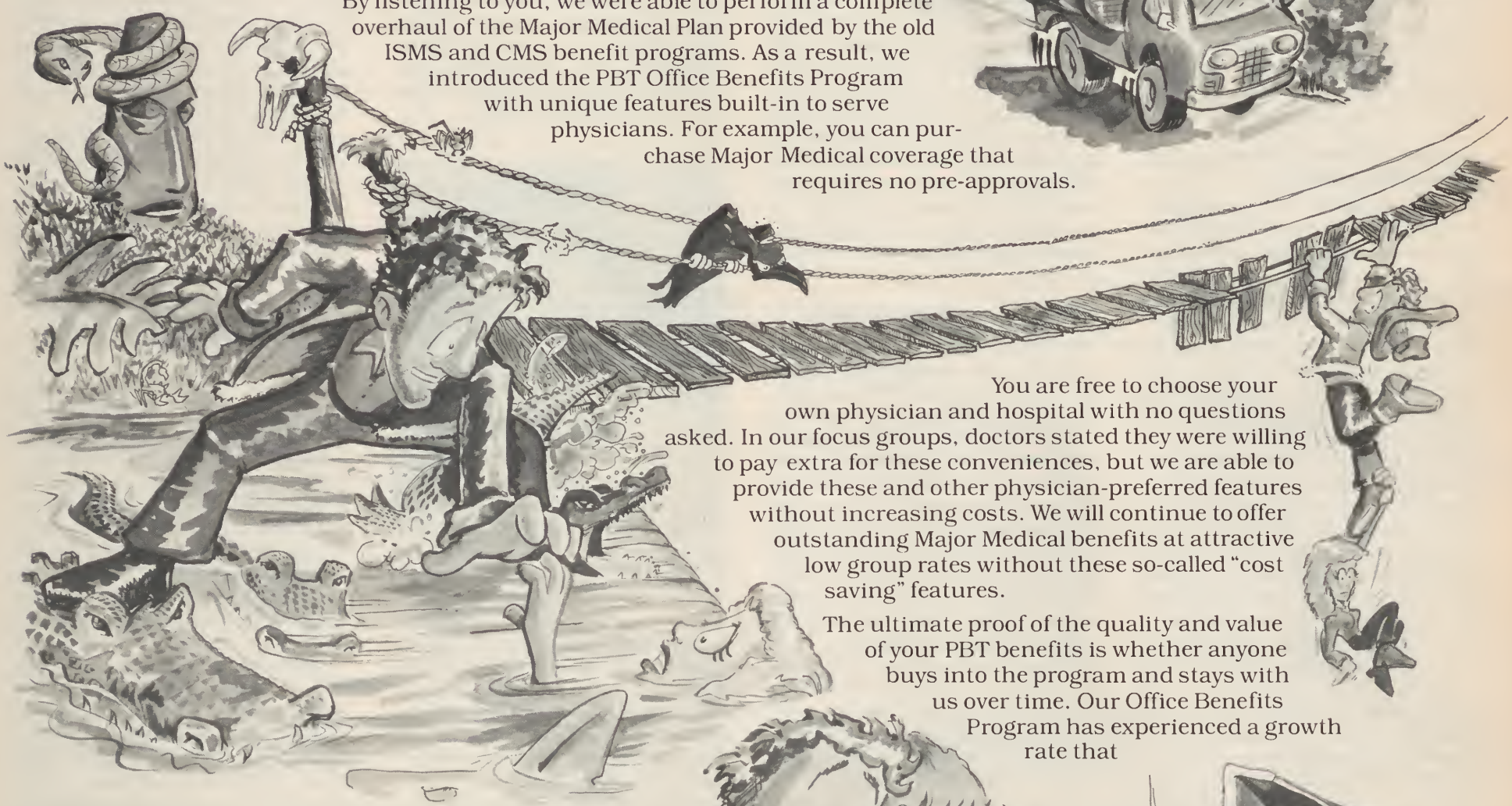
In *Search* OF THE RIGHT PROTECTION

In 1987, the Chicago Medical Society and the Illinois State Medical Society merged their member benefit programs to form the Physicians' Benefits Trust (PBT). The purpose of the merger was to reduce duplication of effort while improving the protection available to both societies' memberships. In addition to the CMS and ISMS sponsorship, our plans are endorsed by a number of county medical societies throughout Illinois.

Doctors receive more and more mail from various insurance companies, financial planners and others *telling* them what benefit protection plans they should buy. At the PBT, we took a different approach. We decided to listen to you first, find out what your needs really are, and tailor your medical societies' benefits to meet those needs. Because of this tailoring to your expressed needs, your PBT benefits really are "Just What The Doctors Ordered."

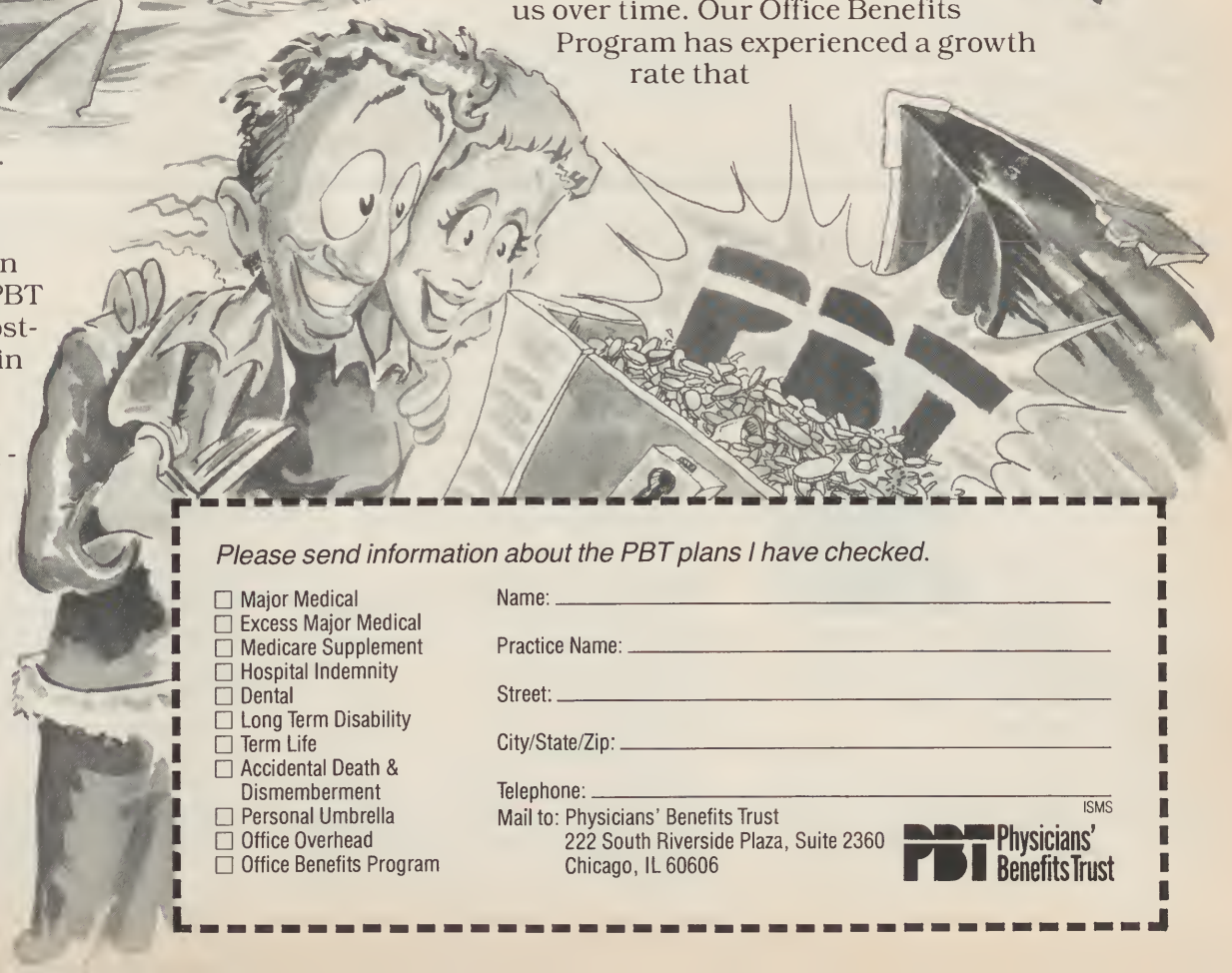
In 1987 and again in 1989, the PBT conducted extensive research into the benefit preferences of the members of both ISMS and CMS. We used group interviews of physicians, a methodology commonly referred to as "Focus Group" studies. This is a proven way of identifying people's interests, preferences and concerns. We also keep in touch through your benefit plan buying patterns and your questions and comments to our staff. This information provides valuable insight into the real-world needs of physicians, their employees, and their families.

By listening to you, we were able to perform a complete overhaul of the Major Medical Plan provided by the old ISMS and CMS benefit programs. As a result, we introduced the PBT Office Benefits Program with unique features built-in to serve physicians. For example, you can purchase Major Medical coverage that requires no pre-approvals.



You are free to choose your own physician and hospital with no questions asked. In our focus groups, doctors stated they were willing to pay extra for these conveniences, but we are able to provide these and other physician-preferred features without increasing costs. We will continue to offer outstanding Major Medical benefits at attractive low group rates without these so-called "cost saving" features.

The ultimate proof of the quality and value of your PBT benefits is whether anyone buys into the program and stays with us over time. Our Office Benefits Program has experienced a growth rate that doubles the number of participants every year. This makes the PBT Office Benefits Program among the fastest growing plans in the state.



Improving your medical societies' benefits is an ongoing responsibility which we accept. The PBT is committed to offering plans that are both cost-efficient and meaningful to doctors. Changes in our plans will occur on an evolutionary basis that accounts for the real needs of doctors, trends and changes in the industry, plan availability, pricing and other relevant factors. During 1990 we are concentrating on the Major Medical, Long Term Disability and Term Life Plans. We will be announcing improvements later this year.

If you are in search of benefits protection for yourself, your family or your employees, your expedition need travel no farther than your telephone or mail box. Call or write the PBT today!

(800) 621-0748

(312) 559-9130

Please send information about the PBT plans I have checked.

- ☐ Major Medical
- ☐ Excess Major Medical
- ☐ Medicare Supplement
- ☐ Hospital Indemnity
- ☐ Dental
- ☐ Long Term Disability
- ☐ Term Life
- ☐ Accidental Death & Dismemberment
- ☐ Personal Umbrella
- ☐ Office Overhead
- ☐ Office Benefits Program

Name: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

Eighth and final part in a series

The rural health crisis: complex problems, elusive answers

WHEN DONNA D. GAMBLE, M.D., packed her bags and left Mt. Carmel on February 28 to join her husband, who earlier had accepted a position as president of a Kansas college, Wabash County was left without a single obstetrician/gynecologist. That southeast Illinois county has been trying to recruit OB/gyns for two years, Dr. Gamble notes, without success.

"Patients have been going to nearby Vincennes, Princeton and even Evansville [over 40 miles away] for OB care," Dr. Gamble notes, and will probably continue to do so now that she's left. Of course, Dr. Gamble says, public aid patients will have problems, as Indiana has been reluctant to take public aid patients from Illinois.

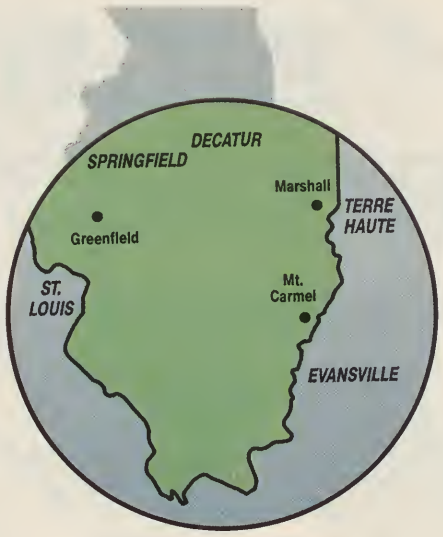
The Wabash County situation is symptomatic of the current state of rural health care delivery in many parts of the state. The past 10-15 years have seen a growing crisis in rural health care in Illinois, with no end in sight. What are the basic causes of the crisis, and can it be solved with any success?

Working conditions, hours and malpractice are factors

The list of problems is growing. To begin with, seven rural hospitals have closed since 1986. While numerically a larger number of urban hospitals have closed in recent years than rural ones, the access problems created by even a single hospital closing in a rural area downstate are magnified in effect. And multiple closings can force patients to travel farther and farther for care.

Even more ominously, physicians willing to work in rural areas continue to prove hard to find. Generally low Medicaid reimbursement levels for physicians, the state's current malpractice climate, and the decline in rural hospitals have all helped exacerbate the long-standing problem of rural physician recruitment.

Above all, many medical school graduates are reluctant to set up rural practices because they are aware that rural physicians are often severely overburdened by very high patient quantity and very long working hours. These burdens are heightened by a lack of back-up because of the gradual erosion in numbers of their colleagues through departure, retirement and death. Some smaller towns, like Cerro Gordo in Piatt County, Gridley in McLean County, and Tamms in Alexander County, have lost their practicing physicians altogether, and are scrambling to replace them. As a result, whole areas of rural Illinois, particularly in the southern tip, are stretched to the limit in terms of physician availability and health care access.



Physicians from across Illinois spoke of the rural health crises in their hometowns (above).

Economic problems are root cause

At the root of the state's rural health care crisis is its rural economic crisis. Illinois, which grew wealthy on farming and manufacturing, remained one of the richest states during the early years of the twentieth century.

But as agriculture has declined in relation to the overall economy and revolutionized by labor-saving technology, the decline in jobs in rural Illinois has sent young people packing for the cities, further eroding the tax base which funds hospitals and other health care services.

"Illinois," says James Nowlan of the Institute for Policy Studies, "is now in the middle rung on most economic indicators." At the same time, notes Dan Miller, publisher of *Crain's City and State Magazine,* "Illinois is spending nearly all the funds available to it." This means less public money is available to help solve evolving problems such as rural health.

In fact, the state's rural counties rank last nationwide among rural counties in long-term growth of employment and average income, according to a Ford Foundation study released last month.

Physicians speak out

The practical result has been an overburdened, understaffed health care delivery system in many areas downstate, one which is stretching practicing physicians to their limits, and forcing patients to travel longer distances to obtain care.

Overstretched OB care is a problem for James A. Turner, D.O., a board-certified family practitioner working in Marshall, 20 miles west of Terre Haute, Indiana. "My partner and I," says Dr. Turner, "are the only two people who do rural OB for about 200 miles. Our work is almost exclusively public aid OB. The more affluent women are going across the border to Indiana for care."



Larry Reynolds

Donna D. Gamble, M.D., was Mt. Carmel's only OB/gyn.

Similarly, when Southern Medical Center in Cairo closed its doors in 1986, it forced area residents to drive 30 or more miles to hospitals in Anna, Metropolis and Carbondale. Some have also crossed borders to Sikeston or Cape Girardeau in Missouri or Paducah in Kentucky.

In that case, points out Al Grant, director of the center for rural health care at the Illinois Department of Public Health (IDPH), "The utilization of the hospital in Cairo was public aid and Medicare patients . . . People were not supporting the hospital when it was open."

OB/gyn availability is also a problem for Paul I. McDevitt, M.D., a board-certified OB/gyn in Rock Island, who reports that "a number of OB/gyns have quit or left the area. I'm a solo practice OB/gyn," he says, "and I count on other solo practice OBs for coverage; we're getting more and more squeezed." There are about 12 OBs in the county, Dr. McDevitt says. "With three or four more," he adds, "things would be so much better."

James C. Reid, M.D., a board-certified family practitioner in Greenfield, is concerned about availability of emergency coverage. "We live in a county of 17,000," Dr. Reid says. "There are four of us on the hospital staff and seven doctors in the county. We need more physicians involved in emergency care."

Dr. Gamble notes that "They've been looking for reinforcements [for Wabash County] for over two years, and have interviewed about eight candidates, but none have come. I have a feeling," she says, "it's because they probably wanted coverage and a larger community."

ISMS involved in proposing solutions

The Illinois State Medical Society (ISMS) has been involved in monitoring the rural health situation and in helping find solutions. ISMS is participating in a variety of efforts.

On February 6, ISMS President Eugene P. Johnson, M.D., and Rural Health Subcommittee Chair George T. Mitchell, M.D., met with the Illinois Farm Bureau to discuss cooperation between ISMS and the Farm Bureau's rural health task force (see sidebar).

ISMS also participated in the rural health task force chaired by Lieutenant Governor George Ryan and in planning the Illinois Rural Health Association conference to be held March 27-29 in Effingham.

(continued on page 9)

Farm Bureau gets to work on rural health issues—with ISMS help



Nola J. Gramm

THE ILLINOIS State Medical Society (ISMS) is participating in a Farm Bureau project that could yield valuable information on the state's rural health care delivery. The current effort is focusing on evaluating the quality of health care services in selected focus counties downstate.

The project began after the Illinois Department of Public Health (IDPH) in 1988 designated 22 areas of the state as being medically underserved. Then last spring, the Farm Bureau surveyed 6,000 of its members statewide, including both farmers and non-farmers. The results, published in June, showed varying levels of satisfaction among residents regarding health care services, with particular dissatisfaction in the area including Wabash, Edwards and Wayne counties. That area is the focus of the current project.

"We are trying to come up with a definition of satisfactory rural health care by determining what the people in that three-county area think is satisfactory care," says Nola J. Gramm of the Farm Bureau's governmental affairs division. "We're going to measure those stated standards against what is out there, and determine where they're going to be in five years and what strategy to use to propose solutions."

ISMS, through a newly-formed rural health subcommittee of its council on economics, is participating in the Farm Bureau project. ISMS President Eugene P. Johnson, M.D. and subcommittee chair George T. Mitchell, M.D. (both of whom have practiced for many years in rural Clark County) have met with Farm Bureau staffers involved in the project, and are using the rural health subcommittee to help facilitate physician awareness of and participation in the effort.

"This project is a learning process for ISMS and a good opportunity to see what the needs really are," says Dr. Johnson. "It will challenge us to aid the process by making innovative suggestions that get away from traditional physician/hospital thinking patterns."

"Our state medical society, with 18,000 members, should be involved," adds Dr. Mitchell, who has practiced in his hometown of Marshall for 50 years. "I think that, using the combined resources of the two groups, including the broad base of the Farm Bureau, maybe we can come up with some solutions to the medical manpower situation. Now we're not going to have the same solution with every county in the state," Dr. Mitchell says, "but we have to do something about this, because the people are really hard up for medical care in some areas." ▲

Two rural meetings seek MD participation

IN ADDITION to the Farm Bureau's rural health task force project, two conferences have been called in the coming months to address rural health care problems.

The first, entitled "Health Care for Rural Illinois—Transition into the 1990s," will be the first annual conference of the Illinois Rural Health Association. It will take place March 27-29 at the Keller Ramada Inn and Convention Center in Effingham. Fred Z. White, M.D., chairman of the Illinois State Medical Inter-Insurance Exchange, will moderate a panel on the issue of delivery of rural care by mid-level practitioners. For further information, contact Belinda Dehart, Clay County Health Department, at (618) 662-4406.

The second gathering, entitled "Rural Health Care Conference: Policy and Legal Issues," will take place April 12 at the Holiday Inn East in Springfield. That conference is being sponsored by the Illinois State Bar Association, the Southern Illinois University (SIU) School of Law, and the SIU School of Medicine. For further information, call Professor Eugene Basanta, (618) 453-8748, or Professor Theodore R. LeBlang, at (217) 782-9362 (both SIU School of Law). ▲

(continued from page 8)

In the case of the lieutenant governor's task force, ISMS applauded the inclusion of the need for caps on non-economic damages in malpractice litigation in the group's preliminary report. That need was found to be the top priority in dealing with rural health manpower problems.

Other priorities noted in the report were: creating demonstration projects to plan and deliver health and social services; promoting rural health clinics and assisting local providers in meeting federal funding criteria; and creating more scholarships for non-medical providers working in rural communities.

An executive summary of the task force's recommendations has been drafted, and a final report is expected out this spring.

ISMS has also supported a wide variety of legislation aimed at attacking the crisis in care.

Some legislation lacks funding

Of the nine rural health action bills passed by the General Assembly during the spring 1989 session, Governor James R. Thompson allowed five to become law and vetoed four for lack of funding by the legislature.

The five passed into law will expand the duties of the center for rural health at IDPH to include information and technical assistance to rural communities; allow taxpayers to donate one dollar or more to fund community health centers by indicating so on their state income tax forms; create a loan repayment program for primary care physicians who agree to practice in underserved areas at least two years; provide one-time stipends to newly graduated nurses who relocate to underserved counties; and ease terms of loan agreements for medical education.

Physicians agree that such legislative initiatives, though not panaceas, can bring rural Illinois critical steps closer to finding some solutions. "I'm sure the malpractice situation is probably why a lot of people have left the obstetrics field," says Dr. McDevitt, who supports caps on non-economic damages in medical malpractice suits.

Dr. Gamble says she believes the shortage, particularly in areas like OB/gyn, will continue until steps are taken to support physicians in their insurance struggles. "I think if the state cannot control its malpractice situation, then communities are going to have to subsidize doctors financially," she says, "either by paying their malpractice insurance directly, or at least the excess amounts, for practitioners like OB/gyns."

Dr. Turner, practicing very close to the Indiana border, urges "some public aid reimbursement for out-of-state specialists," in order to stem the tide of what he sees as poor patients staying in Illinois and affluent ones seeking care in neighboring states.

Some positive changes seen

Most physicians interviewed for this article felt that recent raises in public aid reimbursements from the Illinois Department of Public Aid (IDPA) have had some positive impact.

"Public aid isn't a problem for us in this area," says Dr. Reid. "Presently, we're getting $18 for an office call, and that's our going rate. It's the first time in my 25-year history that's been done," he adds.

Another area of change has been in the trend toward regionalization and centralization of health care services in areas affected by hospital closings. "I think we'll see more regionalization, and some centralization of services as well," says Grant. Grant cites the Metropolis primary care center system as an example of this emerging trend. Massac Memorial Hospital in Metropolis (Massac County) has begun creating a system of rural primary care centers to serve a surrounding four-county area at the southern tip of the state.

The Metropolis primary care system could potentially help offset some access problems in the area during the period the new mega-primary care center in Cairo is being completed. That center will offer ambulatory surgical treatment and comprehensive primary care to help fill the void left when Southern Medical Center closed in 1986.

In the end, when discussing the rural physician shortage—a key component in the rural health care delivery crisis—quality of life issues always come back into play. "I guess in a personal way," Dr. McDevitt says, "our numbers are getting so constricted that our work schedules are getting very difficult. To be free, to get out of town, is getting more and more difficult.

"I think people coming out of medical schools today are less likely to go into underserved areas, because they want a structured practice arrangement with more time off," he says. "Perhaps even a regular salaried job, with a 50-hour work week. Some of us," he concludes, "are used to working a lot more than that, and have gotten used to that up to a point, but even we are saying we've got to have some time off." ▲

Sammons resignation

(continued from page 1)

and political strength of the AMA has never been greater."

Questions still remain

But according to Illinois State Medical Society (ISMS) leadership, larger questions of AMA's effectiveness and mission still need study. "I think there are overriding issues to be thrashed out—including how AMA should best channel its financial, human and membership resources to meet the future challenges facing our profession," said Harold L. Jensen, M.D., ISMS chairman.

At the AMA's December policy meeting, the Illinois delegation introduced a comprehensive resolution calling for reassessment of AMA's mission, activities and effectiveness. While not adopted outright, the resolution was referred to the AMA board for potential action.

A board-authorized, broadly-based investigation of AMA was already under way prior to debate on the Illinois resolution, conducted by the Chicago law firm of Jenner and Block. Findings are to come before the AMA in June 1990.

John J. 'Jack' Ring, M.D., a Mundelein family practitioner currently serving as AMA chairman, is providing "hands-on leadership and guidance to the organization during this admittedly difficult transition," said Dr. Jensen. "We believe Jack's involvement bodes well for reforming and streamlining AMA," he said.

Media woes accelerate change

While Illinois AMA delegates had for some time been troubled about AMA's direction, many observers cite media revelations by the Chicago *Sun Times* as the lever which produced direct pressure for immediate action.

In October 1989, the newspaper reported that AMA staff executive Whalen Strobhar was reimbursed $353,000 for pension fund losses incurred during the October 1987 stock market crash. A story appearing in November 1989 disclosed that AMA lost $65,000 on a condo loan it offered another staff executive. The AMA board had not approved or known of the transactions.

At AMA's December policy session, Dr. Sammons apologized to AMA delegates, and said he knew of no other such financial embarrassments which had not yet come to light. But the February *Sun Times* stories about AMA money-losing mortgage loans to Dr. Sammons and another top staffer "did further damage to AMA's reputation," said Dr. Jensen, "even though those last transactions had apparently received AMA board approval.

"ISMS and our 18,000 physician members believe in a strong AMA," Dr. Jensen stressed. "That's why we are a 'unified' state—all belonging to AMA, as well as ISMS and our county medical societies. Doctors need a strong advocate on federal health policy," he said, adding that, "if we didn't have an AMA we'd need to invent one. That's why it's in our best interests to make AMA stronger, more effective." ▲

LAW FOR MEDICINE

Providing Legal Consultation and Representation to Illinois Physicians Concentrating in Medical-Legal Matters

LICENSURE AND REGULATION
HOSPITAL PRIVILEGES
BOARD MEMBERSHIPS
SECOND OPINIONS ON MEDICAL NEGLIGENCE

The Law Offices of

SHARI DAM
Attorney At Law

· Former Chief of Prosecutions, Illinois Department of Professional Regulation (Registration & Education)

· Lecturer on medical-legal affairs

46th Floor
One N. LaSalle Street, Chicago, Illinois 60602
312/704-0190

ALAN C. HOFFMAN
Attorney At Law

· Former Illinois Special Assistant Attorney General

· Member American College of Legal Medicine

· Current Author and Lecturer on medical-legal affairs

· Former Professor of Law

Suite 3100
180 N. LaSalle Street, Chicago, IL 60601-2881
312/855-0000

PUBLIC HEALTH REPORT

L-tryptophan pulled amid signs of concern

A popular over-the-counter treatment for insomnia and pre-menstrual syndrome (PMS) has been linked to a rare and incapacitating disease.

A physician alert issued by the Illinois Department of Public Health (IDPH) reports a connection between the consumption of food supplements with high doses of L-tryptophan and eosinophilia myalgia syndrome (EMS).

The department warns that EMS is sweeping the nation, with reports of 1,174 cases as of January 26 confirmed by the federal Centers for Disease Control (CDC).

Amid reports of concern nationwide, L-tryptophan was pulled from store shelves in every state.

Any product which delivers 100 mg or more of L-tryptophan per dose is now subject to a class I recall. If such a product is still on the market, the health department will ask a vendor to voluntarily remove it or face an embargo. Parenteral fluids and infant formulas containing this amino acid are exceptions to the recall.

Ronald Gottrich, Ph.D., IDPH manager of drug programs, says physicians should warn patients to be wary of any general dietary supplement containing L-tryptophan that may still be available in health food stores, pharmacies, grocery stores or gas stations.

To date, few cases have been reported in Illinois—38 as of the end of January—leading to a suspicion of underreporting here, according to Dr. Gottrich.

No direct cause of EMS has been identified, but a probable link has been established between its onset, an often intense myalgia accompanied by fatigue, and the ingestion of products containing high doses of the amino acid. Symptoms, which do not appear in all patients, include arthralgia, dyspnea and cough, skin rash, edema, and frank muscle weakness.

The intermediate and chronic phases of the disease, says Dr. Gottrich, resemble toxic oil syndrome, epidemic in Spain in 1981.

In a few patients, immediate cessation of oral intake of L-tryptophan appears to clear symptoms rapidly. Most however, experience a slower recuperation and others continue with symptoms even after ingestion has stopped.

A few patients who have been ill over the course of some months have apparently developed sclerodermiform skin thickening. To this date it is unclear whether the EMS pathology is reversible.

The current CDC surveillance definition of EMS requires fulfillment of three criteria: 1) eosinophil count greater than 1000 cells/cu mm; 2) myalgias of severity sufficient to interfere with a patient's ability to conduct his/her usual activities; and 3) exclusion of other infectious or neoplastic illnesses that might account for the symptoms.

IDPH has issued a statement on L-tryptophan which notes that "Many dosage forms of L-tryptophan marketed as a food supplement have been used to treat a variety of conditions including insomnia, PMS, stress, and depression.

"There is, however, no FDA-approved marketing application other than as a nutritional replacement for which L-tryptophan is generally recognized as safe and effective," the IDPH statement continues.

"Therefore, IDPH and the FDA would like to emphasize that use of L-tryptophan for any non-nutritional condition must be considered as investigational."

At this time, IDPH asks that physicians report patients presenting with the symptoms and realize that the eosinophil counts can run as high as 10,000-30,000 cells/cu mm. ▲

FROM THE ILLINOIS NEWS DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

FEBRUARY 1989

The physician and surgeon license of Ronald S. Walters, 1411 New Tree Lane, Missouri City, TX, was indefinitely suspended after he entered into an agreement with the Texas State Board of Medical Examiners for prescribing a drug that is nontherapeutic in nature or nontherapeutic in the manner prescribed.

MARCH 1989

The physician and surgeon license of Arnold L. Goldberg, 802 N. Charter, Monticello, was reprimanded and fined five hundred dollars ($500) after his license was in nonrenewed status from July 31, 1987 until April 4, 1988. The Department agreed that only ten (10) days could be considered to be possible unlicensed practice due to his illness.

The physician and surgeon license of Stephen G. Krates, 15300 West Ave., Orland Park, was reprimanded and fined thirteen hundred dollars ($1,300) after his license was in nonrenewed status from July 31, 1987 until February 2, 1988.

The physician and surgeon license of Michael I. Applebaum, 600 S. Dearborn, Chicago, was reprimanded and fined one thousand dollars ($1,000) after his license was in nonrenewed status from July 31, 1987 until September 3, 1988.

The physician and surgeon license of Paz F. Sango, 8401 Park Ave., Burr Ridge, was suspended for three (3) months to be followed by two (2) years' probation and fined three thousand dollars ($3,000) after he was charged with conspiracy to receive kickbacks.

The physician and surgeon license of Hector R. Corzo, 257 Washington, Oak Park, was indefinitely suspended after his Florida license was disciplined.

The physician and surgeon license of John F. Patterson, Pago Pago, American Samoa, was ordered to remain in nonrenewed status after his Illinois license remained in nonrenewed status for three (3) years.

The physician and surgeon license of Franklin D. Roller, 111 Goldfield Ave.,Yerington, NV, was indefinitely suspended after his Nevada license was disciplined.

The physician and surgeon license of Rafael A. Calabria, 1101 N. Calvert St., Baltimore, MD, was indefinitely suspended after his Nevada license was disciplined.

The physician and surgeon license of Mark E. Snider, 104 S. Michigan, Chicago, was placed on eighteen (18) months' probation after he improperly examined a female patient.

The physician and surgeon license of Gregory Kaufman, 2530 Greenwood Ave., Highland Park, was reprimanded and fined seven hundred and fifty dollars ($750) after he failed to renew his license from July 31, 1987 until December 23, 1987.

The physician and surgeon license of William Mangino, 653 N. 15th St., Philadelphia, PA, was indefinitely suspended after his application for a license contained a fraudulent or misrepresented statement regarding criminal convictions.

The physician and surgeon license of Gamal K. Garas, 19 Murralin Lane, Sylvania NSW, Australia, was restored after he successfully petitioned the Department for restoration.

The physician and surgeon license of George Tseng, 2119 Emory St., Covington, GA, was revoked after his license was disciplined by the Georgia State Board of Medical Examiners.

APRIL 1989

The physician and surgeon license of Jerome J. Skurka, 1870 W. Galena Blvd., Aurora, was reprimanded and fined twenty-five hundred dollars ($2,500) after a patient was charged for his services even though, as supervising physician, he was not present during the course of treatment.

The physician and surgeon license of Arvinder Arora, 1105 Collins Dr., Effingham, was reprimanded and fined one thousand dollars ($1,000) after she practiced without a license between August 1, 1987 and March 6, 1988.

The physician and surgeon license of Michael Hoit, 180 N. Michigan, Chicago, was reprimanded and fined fifteen hundred dollars ($1,500) after he practiced without a license between July 31, 1987 and September 8, 1988.

The controlled substance license of Alcee J. Jumonville, 1400 Maine, Quincy, was placed on one (1) year's probation after he prescribed Desoxyn and Doriden to his wife for a period of fifteen (15) years and Desoxyn to his sister-in-law for a twelve (12) year period.

The physician and surgeon license of Harim K. Rao, 11600 Walnut Ridge, Palos Park, was reprimanded and fined one thousand dollars ($1,000) after he practiced while his license was in nonrenewed status between July 31, 1987 and December 28, 1987.

The physician and surgeon license of Illur G. Sathy, 7115 N. Hamlin, Lincolnwood, was restored on one (1) year's probation after he successfully petitioned the Department for restoration.

The temporary physician and surgeon license of Stuart A. Cavalieri, 300 Ridge Rd., Tiburon, CA, was issued on probation while he continues antidepressant treatment.

The physician and surgeon license of Stewart Freifeld, 9543 N. Springfield Ave., Evanston, was reprimanded and fined three thousand dollars ($3,000) after he failed to renew his license between July 31, 1987 and December 14, 1988.

The physician and surgeon license of Ernesto C. Noche, 4360 Kennedy Dr., East Moline, was placed on two (2) years' probation after he pleaded guilty to two (2) counts of public indecency.

The physician and surgeon license of Robert S. Easton, Jr., 204 W. Elm St., Sycamore, will be restored on two (2) years' probation after he provides the Department verification of a passing score on the clinical competency examination.

The physician and surgeon license of Catherine A. Ripkey, 2 Elm Creek Dr., Elmhurst, was issued on probation until July 31, 1993, while she continues treatment for a depressive disorder.

MAY 1989

The physician and surgeon license of Tony C. Kwong, 88 Marina St., Des Plaines, was reprimanded and fined twenty-five hundred ($2,500) dollars after he practiced medicine without having a valid, renewed license.

The physician and surgeon license of Barry E. Rabin, 1999 Selkirk Ct., Barrington, was reprimanded and fined thirty-five hundred dollars ($3,500) after he failed to renew his controlled substance license.

The physician and surgeon license application of Martin E. Farbstein, 21st St., Hazel Green, WI, was denied after sanctions were placed on his Wisconsin license.

The physician and surgeon license of Anit Ponce DeLeon, 1627 N. Narragansett, Chicago, was issued on ten (10) months' probation after she failed to properly transfer her temporary license.

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

Père Marquette receives the first house call in Illinois

AS THE MAN who explored much of the midwest during the 17th century, Father (*Père* in French) Jacques Marquette can lay claim to many of our state's earliest great moments. But perhaps his most unusual distinction was being the first patient in Illinois to receive a house call.

The winter of 1675 was a brutal one in many ways for Marquette and his two companions. Too tired to keep moving forward, they had encamped near the mouth of the Chicago River. As the icy northeastern winds swirled around their primitive cabin, Marquette continued to suffer from the dysentery that had plagued him for quite some time, and starvation seemed a likely destiny for his entire party.

Salvation came in the form of two Frenchmen who appeared at the camp on a January day. They were swathed in animal skins, and their faces were tinged blue from the freezing winds. The brothers Pierre and Louis Moreau had traveled for two days and more than fifty miles to help the "holy father," whom they had heard about from the Illini Indians.

Both visitors were fur-traders, young men seeking adventure in the New World. But Louis was also trained as a doctor. He had heard of the priest's illness, and along with provisions, brought a preparation made of whortleberries, similar to blueberries.

It was not Père Marquette's first encounter with indigenous medicine. The previous spring, he noted that the Illini Indians (with whom he shared a *calumet* or peace pipe), were "liberal in cases of illness, and think that the effect of medicines administered to them is in proportion to the presents given to the physicians."

And, while traveling on the Fox River in Wisconsin, Marquette took time out to look for a plant that the Indians claimed could cure snake bites—perhaps *aristochia serpentaria* or *polygala senega*. "The reptile has so great a horror of it that it flees from the person who has rubbed himself with it," he wrote in his journal. He described the plant as bearing "several stalks, a foot high, with rather long leaves, and a white flower which greatly resembles the wallflower." Tasting, he found it powdery and pungent. "It must be masticated and placed upon the bite inflicted by a snake."

Now, as a patient being administered a home-grown anti-diarrhetic, Marquette discovered that at least some native plants lived up to their reputations. By March of 1675, the priest was well enough to begin a new journey to convert the Illini tribe at Starved Rock. After having nursed Marquette through most of the winter, Louis Moreau and his brother returned to their fur-trading business.

Marquette later re-encountered the brothers down river, while they were preparing their bounty for shipment. In his last mention of the doctor in his journal, Marquette noted that Louis was planning to accompany the priest back to his camp the next day.

As every Illinois schoolchild knows, Père Marquette died before returning to his mission in St. Ignace, Michigan. Louis Moreau survived his sojourn on the prairie—records place him back in his Québec home by 1678, where he married and raised daughters. But time spent in the harsh midwestern winters had obviously taken its toll, since the first doctor to make a house call in Illinois died at the early age of 33. ▲

The first house call in Illinois was made by a fur trader named Moreau, who came to minister to Père Jacques Marquette.

ADVERTISEMENT FOR BIDS
for
EMERGENCY MEDICAL
and
FIRST AID SERVICES

The METROPOLITAN PIER AND EXPOSITION AUTHORITY will receive sealed bids until TEN o'clock (10:00) a.m. local time, on Thursday, March 8, 1990 for furnishing EMERGENCY MEDICAL AND FIRST AID SERVICES to the Metropolitan Pier and Exposition Authority, located at 2301 South Lake Shore Drive, Chicago, Illinois in accordance with the provisions of the Bid Form, including the attachments thereto, and the Instructions to and Requirements of Bidders, all of which are on file and may be examined at the offices of the undersigned.

Copies of said documents are available on or after twelve o'clock (12:00) noon on Thursday, February 15, 1990 at the offices of the undersigned at the METROPOLITAN PIER AND EXPOSITION AUTHORITY.

Bids will be received at the offices of the METROPOLITAN PIER AND EXPOSITION AUTHORITY, McCormick Place, 2301 South Lake Shore Drive, Chicago, Illinois 60616.

Bona-fide Minority and Women Business Enterprises are encouraged to participate in this Bid.

The METROPOLITAN PIER AND EXPOSITION AUTHORITY reserves the right to reject any or all bids, to waive any informality in the bidding and to accept any bid which it may deem to be in the best interest of the public. Only bids from those complying with the provisions of the Instructions to and Requirements of Bidders will be considered.

METROPOLITAN PIER AND EXPOSITION AUTHORITY

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

JACKSON AND COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by The Hardy Group, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

ICARE

(continued from page 1)

ber, according to IDPA Deputy Administrator for Medical Programs Robert Wright.

Nevertheless, Wright acknowledged last November that negotiations with hospitals in Chicago for contracts that took effect September 1 resulted in rates that increased "significantly." Wright said on February 1 the trend is continuing. "I think it's safe to say we'll see increases in every [negotiating] round."

Hospitals negotiate as a group

But seven west suburban hospitals didn't receive ICARE contracts, because the state was unable to come to terms with five of them.

Telephone interviews with several officials of the hospitals confirmed that Westlake Community Hospital and Gottlieb Memorial Hospital in Melrose Park, West Suburban Hospital Medical Center and Oak Park Hospital in Oak Park, and MacNeal Hospital in Berwyn initially approached the state as a group.

"We asked the state if they would let us put together a package of services, including pre-natal and post-natal care, that could benefit us and the state," said Oak Park's chief financial officer Laddison Waldo.

But according to Waldo and others, the state said negotiating with the five hospitals as a group would be "anti-competitive." The state did agree to negotiate with Westlake, West Suburban and MacNeal as a group, but talks ultimately collapsed. Separate negotiations with the remaining two also broke down.

Officials at Leyden Community Hospital in Northlake and Loyola Medical Center's Foster G. McGaw Hospital in Maywood said they were willing to sign contracts, but ultimately could not because IDPA did not close the area. Closing a planning area means IDPA has negotiated a sufficient number of contracts to ensure the IDPA-projected level of Medicaid care will be provided.

Rates called "not sufficient"

Several hospital officials told *Illinois Medicine* they could not justify the cost-shifting to other third-party payors precipitated by accepting Medicaid rates they termed inadequate. "At the end of the negotiating process, the best offer of the state was not sufficient," said Donald Heidkamp, vice president of marketing of Westlake Community Hospital in Melrose Park. "We would be derelict in our community if we shifted so much cost to other payors."

Gottlieb's finance vice president Andrew Knauf concurred, saying that although he will be forced to take the lower *per diem* rate, he also will not have to comply with additional ICARE rules, such as reporting patient days or abiding by patient day restrictions. "I think it worked out very well to everyone's advantage," he said, "and I think what happened in [planning] area seven is sending a message to IDPA the system needs to be revamped."

Other officials were less sanguine about the results. A MacNeal Hospital spokesperson read a statement saying that "it was unfortunate that the various area hospitals could not come to an agreement with the state, but it was obvious that the state was not able to secure enough days in this service area in order to establish a contract. Therefore, the area is obviously open."

Several complained the ICARE system is inherently unfair and said problems might be addressed by the health care summit. Waldo said, "I think the whole ICARE program should be scrapped." But, he said solving the problem will require more money, something he does not see forthcoming.

IDPA's Wright, in a February 16 telephone interview, confirmed that IDPA had not closed the planning area. But, citing confidentiality, he would not confirm that the state negotiated with some of the hospitals as a group, nor would he comment on other specifics of the negotiations.

Wright said the perception that the ICARE program is unfair is "not a reflection on the [negotiating] process," it's a "criticism of the fact that Medicaid generally pays lower rates than some other providers." He said IDPA could reimburse by a different mechanism, but if the department still has the same amount of money to distribute, the cost-shifting problem remains. "We're the first to admit that cost-shifting is more difficult these days, because other providers are looking at cost and are not willing to write off just to subsidize."

"The department," Wright added, "made every effort to negotiate contracts in each area to ensure an adequate number of days under contract. Negotiations are a two-way street."

Wright said that, although a rare occurrence, ICARE rules permit hospitals to negotiate as a group under certain circumstances, with IDPA approval. He said the department looks at such factors as competition and integration of services, though he added that those are not the only factors IDPA considers in approving group negotiations.

"A community hospital, a specialty hospital and tertiary hospital with some continuity of service, those would be the ideal group," Wright said. But, he said a group of hospitals in close proximity to each other, but offering basically the same services, would be less likely to win approval.

The two-year ICARE contracts are negotiated regionally. Rounds one and two (Chicago and suburbs) have concluded, and negotiations with East St. Louis hospitals have begun.

Wright said negotiations with hospitals in northeast Illinois, whose contracts expire June 30, have also begun. The final round will be in central Illinois for contracts that take effect September 15. ▲

Edgar

(continued from page 1)

advances and miracles we patients have come to expect. But I also know that some of its aspects need further attention, like the medical malpractice climate and adequate funding for quality health care. I intend to pursue these," he said.

IMPAC's endorsement signifies it could lend direct financial assistance to Edgar's campaign, as well as "promoting Edgar and how he stands on medical issues" with Illinois physicians, commented Dr. Clementi. "We also intend to provide strong input to the Edgar campaign on health issues." ▲

New CPT 1990 Coding Seminar

You'll learn Coding Techniques to save your practice thousands of dollars.

To register call Toll Free 1-800-999-4600

FREE CPT 1990 BOOK WITH ATTENDANCE AT THIS SEMINAR

MED-INDEX

Seminar to be held:
March 21, 1990 Chicago, Illinois
Sheraton Plaza Hotel
160 E. Huron St. Chicago, IL 60611
312-787-2900

- How Accurate Coding Affects Reimbursement
- The Importance of Diagnostic Coding to My Practice
- Understanding Pre- and Postpayment Screens
- New CPT 1990 Guidelines
- Coding for Medical Services
- Coding for Hospital Services
- Case Management
- Coding for Surgical Services
- Coding for Radiology
- Coding for Laboratory Services
- Documentation
- The Use of Modifiers
- Practical Forms to Aid You in Billing and Reimbursement
- Each area covered will include: 1990 Update of Codes, Coding Principles, and Current Coding Issues

The fee for this seminar is $175 per person, which includes all course instruction, participant materials, and refreshments. Registration starts at 8:30 a.m. Seminar begins at 9:00 a.m. and ends at 4:00 p.m.

For more information call:
Lynne Isenberg, Account Executive, Med-Index
1-800-999-4600



RUN A SPECIAL PRACTICE.

Today's Air Force has special opportunities for qualified physicians and physician specialists. To pursue medical excellence without the overhead of a private practice, talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay each year that are part of a medical career with the Air Force. Discover how special an Air Force practice can be. Call

USAF HEALTH PROFESSIONS
815-424-2035
COLLECT

AIR FORCE

(continued from page 1)

nois. The group will also push on the federal level for national health insurance. IPA's plan was immediately challenged by medical, hospital and insurance leaders.

Under the proposed legislation, private health insurance coverage would be phased out over three years and a substitute called the Illinois Universal Health Care Plan (IUHCP) would go into effect on Dec. 31, 1993, according to IPA Executive Director Robert Creamer.

"In the final analysis, we need a national health care plan, but the Canadian system began in the provinces, much like we are proposing for Illinois," said Creamer.

The IUHCP would be organized as a single administrative not-for-profit entity with a governing board consisting of 13 members: five consumers, five health care providers, and the state directors of public health, mental health and developmental disabilities, and insurance.

Health providers would be reimbursed on a fee-for-service, salaried, or capitation basis set uniformly by the IUHCP. Hospital budgets would be set by the IUHCP for each.

The board would develop an annual state health service budget, from five sources of funds.

Creamer said 31 percent of the budget would come from federal funds now spent on health care in Illinois, such as Medicare, Medicaid, and the Veterans Administration; 13 percent from state funds presently spent on health care and 3 percent from doubling tobacco and alcohol beverage taxes. Another 35 percent would come from employer payroll taxes, equaling their current payments for health benefits, and the remaining 19 percent from individual state income taxes based on extension of the current, temporary income tax rate of 3.4 percent. Creamer said that rate compares favorably to the current 5.1 percent average out-of-pocket costs paid per family.

An IPA study concluded that savings of 10 percent could be achieved, based on eliminating administrative expenses, health care and insurance company advertising costs, insurance policy commissions and profits, and "physician overcharges."

"The biggest plus is everyone would have access to comprehensive health care and patients would have the freedom to choose their physician and hospital," said Creamer.

Health care leaders challenge basis of plan

Leaders of health care organizations in Illinois were quick to dispute the IPA plan. Reactions ranged from mild skepticism to derision, with a few nods of qualified approval.

"There are problems in the U.S. system that must be recognized and addressed, but by granting 'monopoly' status to a government health insurer and taking away everyone's right to choose their own health care plan, the so-called 'solution' will create even greater problems," countered Eugene P. Johnson, M.D., Illinois State Medical Society president.

"In this monopoly system, government bureaucrats will determine what health care patients get, and under what circumstances they can get it," Dr. Johnson emphasized. He pointed out that the scheme has many similarities to Canada's national health system, but IPA fails to mention key weaknesses in that system.

"Compared to the U.S., the availability of high technology has been drastically limited there. There are often long waits for certain medical procedures," Dr. Johnson added.

His sentiment was echoed by the Illinois Hospital Association (IHA), which pointed out that while the Canadian system may seem attractive, in reality it has resulted in many patients going to Detroit and New York to get care. "We would look at this plan rather skeptically," said an IHA spokesperson.

"The costs will most certainly be outrageously more than IPA has estimated. The history of government reimbursement programs clearly demonstrates that under-funding is chronic," said Dr. Johnson. "Medicaid and Medicare are prime examples."

The Illinois Life Insurance Council (ILIC) branded IPA's proposal "nothing more than socialistic legislation."

ILIC President Lawrence Barry said: "If you like Canada's system, you'll love this. And if you like high taxes, you'll love their plan. The state has never done anything cheaper than private industry.

"We're just not for setting hospital budgets and telling doctors what to charge, either," he said.

There were scattered expressions of support for the plan. Quentin Young, M.D., a general internist in Hyde Park and former head of medicine at Cook County Hospital, said "wise" physicians in the state will support the IPA reform. The IPA plan, he said, "would end the shameful exclusion of citizens without health care and get rid of the hordes of insurers and the sea of paperwork that makes a practice a nightmare."

Still, Dr. Young pointed out, Illinois and the nation should learn from the Canadian style of health insurance but not mimic it.

Business views plan with concern

Business leaders expressed as much concern with the IPA plan as did most health care professionals. "The business community is not yet ready to endorse a Canadian-like system," said Pamela D. Mitroff, director of health policy at the Illinois State Chamber of Commerce. "We have to consider the resources it would require, the regulation it would entail. If we want to stifle the creation of jobs in Illinois," she added, "we can implement a plan like this. I believe insurance providers and businesses would move out of Illinois."

But the medical director of the state's largest health insurer dismissed the notion that state management would provide clear advantages to patients or society at large.

"Blue Cross/Blue Shield of Illinois recognizes there are serious problems with skyrocketing medical costs and uninsured residents, said Arnold Widen, M.D. the insurer's VP and medical director.

"But from our standpoint, the IPA plan raises many concerns," said Dr. Widen, "There is good evidence that private-sector insurers, working in conjunction with the medical community, can control costs and still have a system with adequate access and less regulatory control." ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Family physician—well-equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating, etc. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone—(618) 285-6634.

Twenty-nine physician multispecialty clinic located in desirable east central Wisconsin location is seeking board certified or board qualified orthopedic surgeon to round out its services. Lab, x-ray, excellent hospital. Liberal guarantee and benefits. If interested contact D.F. Sweet, M.D., Fond du Lac Clinic, S. C., 80 Sheboygan Street, Fond du Lac, Wisconsin 54935.

Family practitioners, East Central Illinois. Immediate openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice (group or solo). Attractive support package including benefits. Small, friendly community of 10,000, family oriented environment. Service area of 30,000 people. Located three hours from both Chicago and St. Louis, 90 minutes from Indianapolis, Ind. Exceptional recreational, cultural, and educational opportunities. Modern, well-equipped, 49-bed, JCAH accredited facility. Contact: John M. Dillon, Administrator, Paris Community Hospital, East Court Street, Paris, IL 61944; (217) 465-4141.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Medical center seeking physicians to work part time or on a time share office arrangement in the following specialties: gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Sue Shidler, Administrator, 1455 Golf Road, Suite 204, Des Plaines, IL 60017-2237 or call 708/390-9300.

Healthline Physician Services, an affiliate of St. Louis University Medical Center, is recruiting for an emergency department medical director and staff physicians at Hannibal Regional; Hannibal, Missouri. Growth oriented program in historic Missouri river town. Good compensation, benefits, paid liability. Part-time/locum tenens also available. Contact William J. Salmo, Healthline Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, Missouri 63108; 1-800-443-3901.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparoscopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

HealthLine Physician Services, affiliated with St. Louis University Medical Center, has full-time opportunities for the following specialties: BC family practice, BC pediatrics, BC or BE internal medicine. Income guaranteed, no capital investment. HealthLine also has part-time/full-time emergency medicine, clinic, locum tenens positions throughout the St. Louis area and nearby central/southern Illinois. Paid malpractice, flexible schedules, no call, no overhead; challenging medicine. Contact: Bill Salmo, HealthLine Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, MO 63108. 1-800-443-3901.

Meyer Medical Group, 28 physician primary care group with offices in S.W. Chicago and Orland Park seeking board certified/board eligible physicians from good programs in OB/Gyn, internal medicine, and peds. Write to Medical Director, Meyer Medical Group, 10444 S. Kedzie Ave., Chicago, IL 60655.

Family practitioner-physician, preferably BC/BE to join solo family physician in southwestern Illinois. Computerized, organized, very high collection rate. P.O. Box 655, Granite City, IL 62040.

Ob/Gyn—family practice—general surgery—internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc.; 12724 N. Maplecrest Lane; Mequon, WI 53092; 1-800-243-4353.

Internist BC/BE to join group of physicians with hospital affiliations: located south suburbs, excellent salary and benefits with incentives and progress to partnership. Send CV to Heather Medical Associates, Ltd., Doctors Pavilion, 17850 South Kedzie Avenue, Hazel Crest, IL 60429.

Large hospital based neonatology group practice has openings for full and part time board eligible and/or board certified neonatologists and pediatricians. Practice currently serves twelve community and two tertiary metropolitan Chicago hospitals. Excellent salary and benefit program includes malpractice insurance. For more information contact John Hylton, Director of Operations, Neonatal & Pediatric Services S.C., 2115 Butterfield Road, Oak Brook, IL 60521; 708/916-8900.

Missouri family practice group seeks fourth physician, BC or BE, for historic community with two private colleges, near major university and medical center. Beautiful area. Recreation and cultural activities. Guarantee and other benefits. Reply in confidence to Mary Murphy, Jonas Physician Search. 1-800-544-6728.

Nationwide practice opportunities. All specialties. Fees paid by clients. Call: Wanda Parker, E.G. Todd Associates, Inc., 535 Fifth Avenue, Suite 1100, New York, NY 10017. 800/221-4762, or 800/599-6200.

Cardiologist. Developing second group of cardiologists for 50,000-plus Kentucky city. Private hospital will provide beautiful office space, income guarantee and other benefits. The community offers four colleges, a midwestern atmosphere, and a host of family activities including indoor ice arena, symphony orchestra, and excellent golf. Call Dawn O'Steen at 800-526-3644 or write E. G. Todd Associates, 3475 Lenox Road, Suite 435, Atlanta, GA 30326.

Regional orthopedic practices. Lucrative orthopedic practices available with several midwestern regional medical centers. Unique opportunities with highly competitive start up compensation packages which include income guarantees, paid malpractice and moving allowance along with additional desirable benefits. These are modern facilities with excellent peer association and up to date surgical equipment. Several locations available! Call Gwyneth Anderson at 800-221-4762 or write to E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

Internist for Nebraska. A growing regional medical center in Nebraska seeks an internist to complement a group of highly qualified peers. Modern, progressive hospital will purchase equipment as needed. Competitive compensation package includes malpractice. Regional community for recreation, culture and shopping. Call Gwyneth Anderson at 800-221-4762. E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

Emergency medicine positions available throughout Illinois and Indiana. Part-time, full-time and medical director opportunities in various settings from low-volume emergency departments to high-volume trauma centers. Physicians earn competitive hourly rates and are offered the best malpractice insurance in the industry. No on-call duty or overhead office expenses. Call Joan E. Logel, Spectrum Emergency Care, 1-800-325-3982, ext. 3087 or 314/878-2280, ext. 3087.

Radiologist for midwest. Progressive hospital in Kansas with CT scan, mobile ultrasound and mammography seeks radiologist. Income guarantee provided. Projected revenues exceed $200,000. All insurances paid. One hour from two cities with both offering cultural and educational amenities. Call Gwyneth Anderson at 800-221-4762. E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

Family practice and pediatric clinic opportunity in Belleville, Illinois, 15 minutes from St. Louis. Clinic hours 8am-10pm with patient appointments at 15 minute intervals. Competitive hourly reimbursement with monthly overage potential based on individual performance. Excellent lab, x-ray and back-up in most areas. Part-time and full-time openings available. For more information contact Ben Hatten, Spectrum Emergency Care, P.O. Box 27352, St. Louis, MO 63141, or 1-800-325-3982, ext. 3004.

Anesthesiologist BE/BC to join established group. Opportunities include private practice, fee-for-service and supervision of CRNA's. Experience in pain management desirable. Send CV to Cynthia Alexander, M.D., 221 N.E. Glen Oak, Peoria, IL 61636.

Internist/ob/gyne/family practice—position is available July, 1990. Accredited ambulatory care facility provides medical services to student clientele. Full-time, 11 month position, competitive salary/benefit package and 40 hour week. Qualifications: M.D./D.O. degree, ability to obtain Illinois license, current DEA registration, and board eligible/certified. Search continued until position filled. Contact Glenn Weiss, M.D., Medical Director, Student Health Service, Illinois State University, Normal, IL 61761; 309/438-8655. Women and minorities are encouraged to apply. Affirmative Action/Equal Opportunity Employer.

Emergency physician—Illinois, Freeport—MESA. Full-/part-time opportunities for physicians board prepared/certified in emergency medicine at this level II trauma center with 15,000 ED visits/year. Professional compensation includes malpractice insurance and bonuses related to unit profits. For full-time physicians, compensation also includes immediate comprehensive benefit package or discretionary full-time physician bonus paid quarterly in lieu of benefits the first year. MESA is a physician-owned and -managed emergency medicine group with 25 years of experience. For additional information, please call Patricia Nuccio, Medical Emergency Service Associates, S.C., 15 S. McHenry Road, Buffalo Grove, IL 60089; 708/459-7300.

Emergency physician—Illinois, Dixon—MESA. Full-/part-time opportunities for physicians experienced in emergency medicine at this paramedic resource hospital and newly built ED with 10,000 visits/year. Professional compensation includes malpractice insurance and bonuses related to unit profits. For full-time physicians, compensation also includes immediate comprehensive benefit package or discretionary full-time physician bonus paid quarterly in lieu of benefits the first year. MESA is a physician-owned and -managed emergency medicine group with 25 years of experience. For additional information, please call Patricia Nuccio, Medical Emergency Service Associates, S.C., 15 S. McHenry Road, Buffalo Grove, IL 60089; 708/459-7300.

Psychiatrist. Progressive mental health center in central Illinois. Pleasant community/attractive salary. Contact Annashae Corporation, 6593 Wilson Mills Road, Cleveland, OH 44143-3404; 800/245-2662.

Central Illinois—immediate opening for Illinois licensed primary care physician. Pleasant community/professional environment. Contact Annashae Corporation, 6593 Wilson Mills Road, Cleveland, OH 44143-3404; 800/245-2662.

Southwest Illinois. Position available for an Illinois licensed primary care physician. Pleasant professional environment. Contact Annashae Corporation, 6593 Wilson Mills Road, Cleveland, OH 44143-3404; 800/245-2662.

Cardiologist—invasive/non-invasive, BC/BE, wanted June/July 1990 to join busy two-physician internal medicine practice located in northern Illinois. Excellent salary and benefits. Send vitae/resume to Box 2168, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family physicians needed to join Carle Clinic in Mattoon, Illinois, a university community of 23,000. Two family physicians are needed in multi-specialty clinic. This clinic serves a seven county area with a unique blend of agriculture, industrial, and professional population. Liberal fringe benefits; salary leading to equal ownership, malpractice coverage. If interested, please write including CV, to Robert C. Parker, Jr., M.D., 602 West University, Urbana, IL 61801, or call collect at 217/337-3417.

Family physicians: BC/BE wanted for branch clinics in thriving communities. Branch physicians are part of a large multi-specialty group practice in central Illinois which provides financial, administrative, educational, and medical specialty support. Liberal fringe benefits; malpractice coverage, and salary leading to equal ownership. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, 602 West University, Urbana, IL 61801.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Avenue, Champaign, IL 61820.

Virginia: Portsmouth: Historic Portsmouth is a growing energetic city in the Tidewater area. Sports enthusiasts will enjoy fishing and sailing. 21,000 annual emergency department visits. Excellent opportunity for primary care physician with emergency medicine experience. Excellent compensation, to $109,000 with malpractice procurement program. Benefits available. Moving expenses paid. Contact Dorothy Haines, Coastal Emergency Services of Richmond, Inc., Dept. SM, 9327 Midlothian Tpk, Suite 2E, Richmond, VA 23235. 1-800-277-6638 or 1-804-320-7549.

Virginia: Petersburg: very busy emergency department with 38,000 annual visits. Must have emergency department experience and be board eligible or board certified in primary care specialty or board prepared or certified in emergency medicine, to work in this high volume/high trauma practice. Excellent medical staff backup. Located 25 miles south of Richmond, Virginia. Competitive salary plus percentage of gross physician charges. Professional liability program. Benefits available. Contact Dorothy Haines, Coastal Emergency Services of Richmond, Inc., Dept. SM, 9327 Midlothian Tpk, Suite 2E, Richmond, VA 23235. 1-800-277-6638 or 1-804-320-7549.

Virginia: Danville: Emergency medicine. 370 bed community hospital offers excellent opportunity for physician with emergency medicine experience in this busy emergency practice. 40,000 annual visits. Danville is a delightful family oriented community offering quality housing at affordable prices, excellent schools and nearby lakes and mountains for the outdoor person. Easy driving distance to metro areas. Competitive compensation plus percentage of gross physician charges. Malpractice procurement program. Benefits available. Contact Dorothy Haines, Coastal Emergency Services, Dept SM, 9327 Midlothian Tpk, Suite 2E, Richmond, VA 23235. 1-800-277-6638 or 1-804-320-7549.

Ob/gyn wanted for northern Illinois community health center. Our multispecialty group seeks additional practitioner for busy clinic and hospital practice serving minority and financially needy population. Academic affiliation, good salary and benefit package in pleasant, affordable city. Contact John F. Frana, Executive Director, Crusader Clinic, 120 Tay Street, Rockford, IL 61102; 815/968-0286.

Chicago—seeking director, full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795, or in Michigan 1-800-632-3496.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Family practice. Affluent Chicago suburb—busy, growing practice needs BC/BE family physician for 7/90. Four person call rotation. No OB. Recently moved to new, multispecialty building with excellent support services including CT. Location perfect for families with top school system. Competitive salary and generous benefit package. Partnership possible after two years. Send letter and CV to Box 2167, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Cardiologist, board certified/board eligible, wanted for well established cardiology-internal medicine practice in Northwestern Illinois. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2158, c/o *Illinois Medicine,* 20 North Michigan Avenue, Suite 700, Chicago, IL 60602.

Full-time general practitioner and pediatrician needed in the Champaign, Illinois area. You will have patients scheduled in 15-minute intervals. Reimbursement is based on a fee-for-service contract with a minimal guarantee. Excellent occurrence based insurance, and CME/relocation allowance. If you would like to work Monday through Friday, 8am to 5pm, this is the opportunity for you. Please contact Ben Hatten, Spectrum Emergency Care, P.O. Box 27352, St. Louis, MO 63141, or 1-800-325-3982 ext. 3004.

Primary care physician: Marshfield Clinic is seeking a primary care physician to join its expanding seven-member emergency medicine department. Emergency medicine, urgent and ambulatory care, plus supervision and training of ER staff contribute to a very stimulating practice environment. More than 26,000 ER visits and 13,000 ambulatory care visits annually. Marshfield Clinic is a private group practice consisting of 350 physicians representing all surgical and medical specialties and is physically adjacent to Saint Joseph's Hospital, a 525-bed acute care teaching facility. Send curriculum vitae to: John P. Folz, Assistant Director, Marshfield Clinic, Marshfield, WI 54449 or call collect at 715/387-5181.

Illinois—near Chicago. BC director of anesthesiology needed. Newly established fee-for-service position. Previous experience as either a director or associate director preferred. Affiliation with 418-bed hospital. Service area 250,000. Please reply to George Ivekich at Fox Hill Associates, 250 Regency Court, Waukesha, WI 53186; 1-800-338-7107. No costs or obligations involved.

General internist: Marshfield Clinic is seeking BE/BC general internists to join its 30 member section in Marshfield and three expanding regional centers in northwestern and north central Wisconsin. An internal medicine residency program, University of Wisconsin Medical School affiliation and Medical Research Foundation contribute to a very stimulating practice environment. Positions offer strong economic stability combined with exceptional recreational, cultural, and educational opportunities. Starting salaries up to $92,000 with salary in two years up to $116,400. Fringe benefit package is outstanding. Send CV to: David L. Draves, Director Regional Development, 1000 North Oak Avenue, Marshfield, WI 54449, or call collect at 715/387-5376.

Maglio & Company, Inc., Physician Search, presents excellent practice opportunities in your home state and the midwest to physicians in all specialties. No fees to physician candidates; hospitals, clinics, etc., pay our retained fees. Free CV service. Call toll free for more information, 1-800-999-4731, or send CV to Jackie Laske, Maglio & Company, Inc., 450 North Sunnyslope Road, Brookfield, WI 53005.

Minnesota—lakes and trees. Family physician to join five others in progressive multi-specialty group including internal medicine and surgery. Outstanding 42 bed district hospital with 130 bed long term care facility. Excellent schools and services with easy access to metro area. Guaranteed salary, full benefits, and bonus. Position available immediately, for confidential consideration and further information, contact: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect: 612/454-7291.

Looking for an associate to run an established primary care practice with an option to take over the practice in a few months. Call 815/786-9767.

Internist—great opportunity! Very busy, young solo internist seeking ambitious associate. Family oriented community on Lake Winnebago with a population of 40,000. No HMOs or PPOs. A unique opportunity for someone who is genuinely interested in internal medicine and in its subspecialties. An interest in critical care would be of importance. Send CVs to Michael Sergi, M.D., 14 North Main Street, Fond du Lac, WI 54953.

Physician specializing in cardiology, physical medicine, orthopedics, or neurology needed for part-time work under contract to the Social Security Administration's Disability Programs Branch in downtown Chicago. Experience in review of medical evidence in disability claims preferred. No contact with patients. Unrestricted license in any state required. Interested parties should submit curriculum vitae by April 1, 1990 to: DHHS, Region V Contracting Officer, 105 West Adams, 22nd Floor, Chicago, IL 60603.

The Department of Family and Community Medicine, University of Illinois College of Medicine, Rockford, is expanding and seeks applications for full-time clinical faculty as instructors in family practice residency or undergraduate ambulatory care teaching facilities. Responsibilities include teaching, patient care and research. ABFP board certified/eligible. Teaching and practice experience preferred with OB optional. Salary/rank commensurate with experience. Competitive salary/fringe benefits. Inquiries and CV to L.P. Johnson, M.D., 1601 Parkview Avenue, Rockford, IL 61107. For fullest consideration submit application by July 1, 1990. The University of Illinois is an equal opportunity affirmative action employer.

Established rapidly growing 20 MD multi-specialty group in historic midwest city seeks additional family physician, IM/gastro, OB and orthopod. Signing bonus, outstanding income potential, low buy-in, lovely lifestyle, Triple A school system, four year college, and many recreational activities. Contact, in confidence, Cheryl Broderick, 508/688-9063 (collect). E.G. Todd is a physician search firm with opportunities nationwide in all specialties. All inquiries confidential. Fees paid by clients, not physician candidates.

Family physician and general surgeon sought for lovely growing NE Indiana town. Join existing practices or enjoy solo with coverage. Forty miles from major city, this community offers both rural and city advantages. Excellent income guarantee and benefits, progressive modern hospital with young medical staff and low malpractice. Contact, in confidence, Cheryl Broderick, 508/688-9063 (collect). E.G. Todd is a physician search firm, with opportunities nationwide in all specialties. All inquiries confidential. Fees paid by clients, not physician candidates.

Family practice program director. Fully accredited family practice residency program in ethnically diverse urban community hospital seeks residency trained, board certified family physician with interest in clinical care, teaching, grant management, and administration for position of program director. Residents are from ethnically diverse backgrounds in this 8-8-8 residency program. Active undergraduate education program for medical students exists. Competitive salary and fringe benefits. Interested candidates should have experience in directing mature program or be an associate director ready to advance. Submit CV to Maruti S. Bhorade, M.D., Chairman, Search Committee, Saint Mary of Nazareth Hospital Center, 2233 W. Division, Chicago, IL 60622.

Situations Wanted

General practice and general surgery. Seeking position solo practice in GP/GS, sponsored by a JCAH Hospital, not HMO. Illinois license, American Board eligible in surgery. Available now. Write: 10 Cottonwood, Apt. 811, Canyon, TX 79015.

Academic neurologist, EMG/neuromuscular subspec. interested in part time consulting. Medical groups, hospitals, insurance, industry. Provide full details in your reply. Box 2165, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician recruiter available to hospitals in the Chicago metro and northern Illinois and Indiana areas. Reply to Box 2164, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board certified primary care physician with 15 years of clinical and administrative/management experience seeks position in management and/or administrative areas. Extensive experience in the managed care area including network development, utilization, and medical quality cost management. In depth knowledge in all areas of alternate delivery systems. Excellent interpersonal, communicative, and organizational skills. Reply to Box 2166, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Locum coverage available. Board certified licensed radiation oncologist. Reply to Box 2151, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General practitioner seeking part time position for practice in north central Illinois. Reply to Box 2155, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Arlington Heights, Illinois: General office space available. 475-920 square feet. Ideal space for counseling center, psychiatrist or psychologist. Excellent location at Palatine Highway and Arlington Heights Road. Please call Jean Kulavic at 708/441-8236 for an appointment.

Historic 17-room home 40 minutes from downtown Chicago. Faces country club and features 3-room master suite w/fireplace, commercial kitchen, 5-car garage, security system. For private showing, call only Rita Clark at Coldwell Banker/Santefort-Naughton: 708/957-0600 or 708/799-4719.

Beautiful Geneva area: family practice. Owner retiring. History of grossing $230,000 with nice net income. Asking $95,000. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Western suburban medical clinic available: owner grossing approximately $690,000, collecting $50,000. Owner would like to stay on as director or administrator. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Southwestern Illinois urology practice available: owner anxious to sell. Grossing $360,000, asking $165,000. Well established. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Used medical equipment. Two examination tables, EK-8 EKG machine, wall mounted blood pressure instrument and many small items. Call 217/932-4425.

Exceptional primary care practice. Tired of city hassle, traffic disasters; come to the quiet lakeside city of St. Joseph, MI. Office completely equipped, staffed, computerized. Near good hospital. 3000 active patients, no HMO or Medicaid. Excellent collections. $70,000, terms. Call evenings. 616/429-4422 or write: Doctor's Office, P.O. Box 157, Stevensville, MI 49127-0157.

Miscellaneous

$5,000-$60,000: For physicians unsecured signature loans. Available for debt consolidation, investments, tuition, relocations, purchase of medical practices or any need including taxes. Level payments up to six years. No prepayment penalty. For application call toll free: 1-800-331-4952, Dept. 114, Medi-Versal.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing, insurance filing: we provide fast, accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMO's or private insurance please contact LNJ Automated Data Services, 834 E. Rand Road, Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Attention—hiring! Government jobs—your area. Many immediate openings without waiting list or test. $17,840-$69,485. Call 602/838-8885, ext. R17390.

Attention: Earn money reading books! $32,000/year income potential. Details. 602/838-8885, ext. Bk 17390.

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

FOR A QUALITY

DĒFENSE

THE EXCHANGE BUILDS

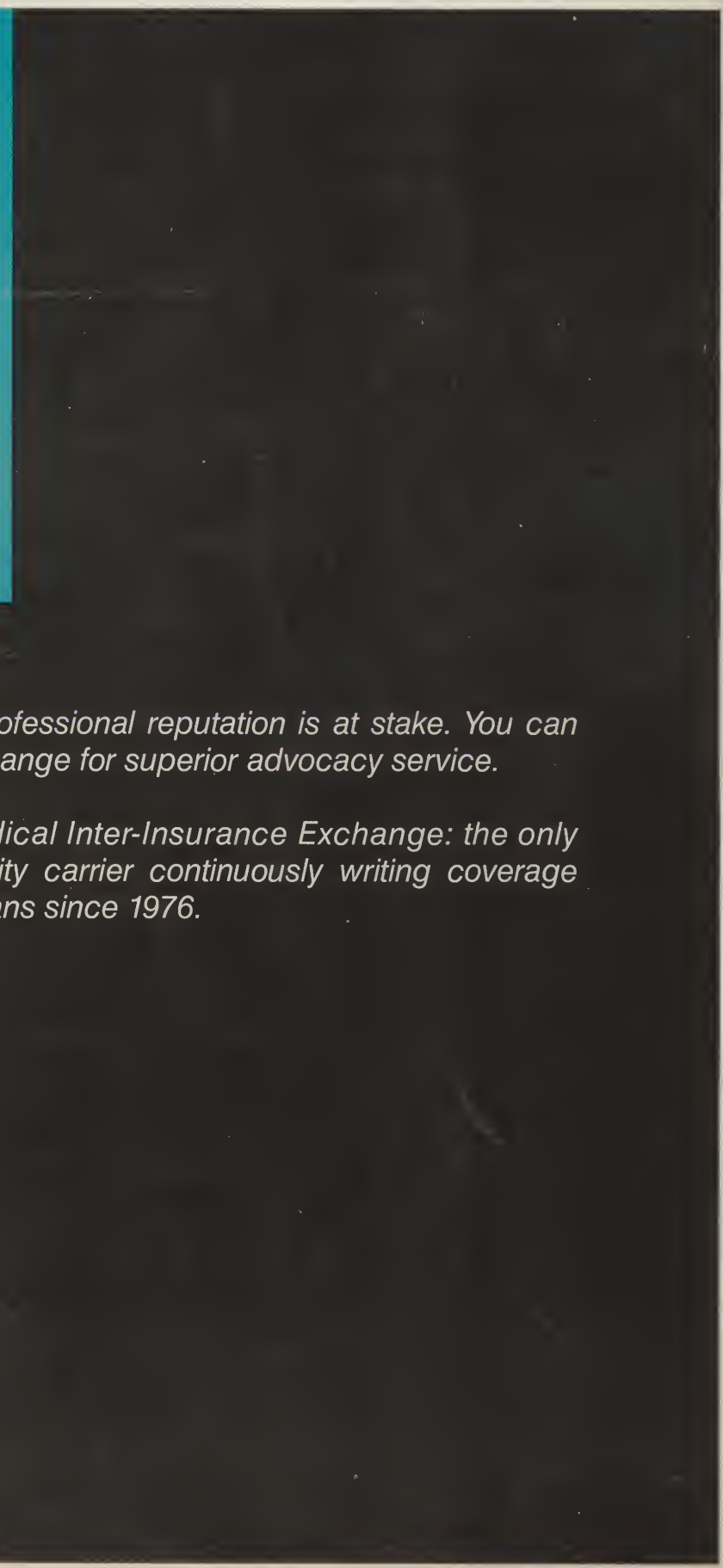
A STRONG DEFENSE TEAM

WITH THE

PHYSICIAN DEFENDANT,

DEFENSE COUNSEL

AND EXCHANGE STAFF.



We know your professional reputation is at stake. You can count on the Exchange for superior advocacy service.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians since 1976.

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

#1 IL317L
v.2 no.5 1990
c.01--------310: SV0063501
71: ILLINOIS MEDICINE

This spring in Springfield: a preview . . . 8

Illinois Medicine

March 16, 1990

ILLINOIS STATE MEDICAL SOCIETY

Budget: changes to IDPA proposed

by Caryl Carstens

GOVERNOR James R. Thompson's $26.3 billion 1990-91 budget, unveiled March 7 in an address to the Illinois General Assembly, proposes longer delays in payments from the Illinois Department of Public Aid (IDPA) to physicians. At the same time, Thompson's budget plan envisions new or added assistance in certain health care areas.

Last year, the legislature approved significant public aid rate increases, which the Illinois State Medical Society supported. That funding will continue in fiscal 1990-91.

Thompson has proposed a 1990-91 increase of $195.7 million in IDPA's budget, bringing that agency's total budget to $4.1 billion, a five-percent increase over the 1989-90 budget of $3.91 billion.

But a major proposal in the Thompson plan would lengthen the payment cycle for claims submitted by physicians, hospitals, nursing homes and other providers from the current 30-plus-days range to up to 56 days for "clean claims." Funding was provided for the current year to reduce the delay in payment of "clean claims" to 30 days, after a period in which the payment cycle was often stretched to make up for fund shortages. The timing for lengthening the cycle has not yet been set; it could take place gradu-

(continued on page 8)



Greg Daniels

Gov. Thompson greets legislators after budget presentation in Springfield.

Ragsdale fairness hearing draws capacity crowd

by Kevin O'Brien

A FEBRUARY 23 "fairness hearing" in Chicago to determine whether the five-year-long legal battle of Richard M. Ragsdale, M.D. is at an end drew a capacity crowd to the Dirksen Federal Building's ceremonial courtroom, including the elusive Rockford physician himself.

U.S. District Judge John Nordberg convened the hearing in the larger courtroom to accommodate the more than 250 people who came to listen to attorneys from both sides argue whether the proposed settlement in the controversial *Ragsdale, et al v. Turnock, et al* case is "fair, reasonable and adequate." Court bailiffs said they turned away about 30 people.

They did not know it as they took their seats, but those who desired an opportunity to tell the judge what they thought about the settlement would also get a chance to speak. When the lawyers finished, Nordberg took the unusual step of allowing audience members who wanted to state their views five minutes each to do so.

Almost without exception, Nordberg heard emotional pleas from observers urging him to reject the settlement and allow the case to go to the U.S. Supreme Court. One lawyer asked that two minutes of his time be spent in silence so that the assembly could imagine what one unborn child in the courtroom might be thinking of the proceeding.

The lawyer, Larry Joyce, was referring to the unborn child of American Civil Liberties Union (ACLU) attorney Colleen K. Connell, who represents Dr. Ragsdale and who later told reporters she was 41 weeks pregnant. The judge did not allow the two minutes of silence, saying the unborn child "probably agrees with its mother." Connell gave birth the next day to a son.

"A chance to be heard"

After the hearing, Nordberg told reporters that because of the contro-

(continued on page 18)



Andy Austin/WLS TV News, Chicago

Richard M. Ragsdale, M.D. sat impassively during a two- and one-half hour February 23 hearing, as attorneys and members of the public argued whether the settlement in his controversial suit against the state of Illinois is "fair, reasonable and adequate." Federal Judge John Nordberg said he would issue a ruling "as soon as possible."

ERISA, rural health issues to be addressed at April 6-8 ISMS House meeting

ANNUAL MEETING 1990 — ILLINOIS STATE MEDICAL SOCIETY — FOUNDED 1840 — 150

AT THE 1990 Illinois State Medical Society's (ISMS) annual policy session, slated for April 6-8 at the Westin O'Hare in Rosemont, resolutions on topics ranging from obstetrician shortages to changing the federal Employment Retirement Income Security Act (ERISA) will come before five reference committees and the nearly 300 member House of Delegates for debate. Proposed resolutions do not become ISMS policy until approved by the full House of Delegates.

Resolutions are the lifeblood of the democratic process through which ISMS develops policy. Following are the stories behind some of those to be considered in April.

One resolution from Illinois' hospital medical staff section urges ISMS to work with state legislators to delete the Illinois requirement that hospitals maintain records on whether a uterine cytological exami-

(continued on page 10)

In this issue

Addington endorses regional authority concept 2
License renewal coming 3
Med students match 5
Looking at jury awards, insurers and premiums 6
Exchange offers prior acts .. 6
Great moments in Illinois medicine 9
Physician assistance programs help MDs 12
Steroid abuse education ...13
AMA launches "Health Access America" plan 17

BETHESDA MD 20894
8600 ROCKVILLE PIKE
TSD - SERIALS
NATIONAL LIBRARY OF MEDICINE
0306 IM
********** 3 DIGIT SCF 208

Addington endorses idea of a regional health authority

by Kevin O'Brien

SAYING THE RECENT Chicago and Cook County health care summit public hearings "have re-energized me to work very hard to seek reform," Chicago Board of Health President Whitney W. Addington, M.D. said he favors establishing a combination public and private regional health authority to govern Cook County's crisis-laden health care delivery system.

In an exclusive March 2 interview with *Illinois Medicine,* Dr. Addington, a member of the summit's policy steering committee, said a new coordinated system should include Chicago Department of Health clinics; county facilities, including Cook County Hospital; not-for-profit organizations; academic medical centers; and private physicians.

"I am personally committed to a remodeled system that includes all deliverers," Dr. Addington said. "I do not feel that solely a public system would work. It has to be a system that includes all resources, not just the public services."

Dr. Addington, emphasizing several times during the interview that he was speaking for himself, said the ultimate decisions would be made by Governor James R. Thompson, Chicago Mayor Richard M. Daley and Cook County President George Dunne, who jointly convened the summit. "And the ultimate result depends on the legislation that is passed in the state legislature," he said.

Even as board of health president, Dr. Addington is limited by statute in what he can do. The board of health is purely advisory, although it and its president can profoundly affect the molding of the public health care agenda. This seems to be the role he has carved out for himself since his appointment last May. "I'll always speak up and express what I think is right," he said.



AN ILLINOIS MEDICINE **EXCLUSIVE INTERVIEW**

Whitney W. Addington, M.D.

New authority should govern system

He said the new authority should govern the health care delivery system and have budgetary control and taxing authority, but should not operate any of the system components. "For example, unlike the county board which operates County Hospital, I think a regional authority should get a [private] organization to run the public facilities."

Dr. Addington also said the new authority should initially be "budget-neutral," seeking no new taxes in its first year of operation. Instead, he advocated reorganizing what is currently being collected by existing governmental units.

"I think there are a lot of funds under existing arrangements that could be obtained. For instance, patients at Cook County Hospital and board of health clinics are Medicaid eligible, but have not been registered. That should be done to increase the funds available," he said.

Role of Provident Hospital

Regarding the contemplated reconfiguration of the county hospital system, Dr Addington said he favors reopening Provident Hospital on the city's south side as a general medicine and surgery facility that would "definitely include obstetrics." He said Provident should become part of the new coordinated system governed by the regional health authority, but that community representatives should be involved in its management.

He said he "respects the community organizations" who have been attempting to purchase the hospital that has been closed since September 1987, "but I fear that financially, by themselves, they could not make it operate successfully."

Dr. Addington said that an approximately 100-page draft of recommendations for a new health care delivery system is currently under discussion by the summit system design and management committee, chaired by Chicago Acting Health Commissioner Richard Krieg, Ph.D. The draft contains five sections covering ambulatory care, inpatient care, financial policy, high-risk populations and governance.

Dr. Krieg said March 6 the draft will not yet be released, but that synopses, possibly including options already agreed upon by system committee members, would be presented March 8 for discussion by the policy steering committee.

"Corridors of care"

Dr. Addington said he believes there is consensus on the ambulatory care recommendations which call for establishing city and county "corridors of care." These "corridors of care" will comprise linkage networks of identified resources currently available to the indigent.

Dr. Addington said that, with the exception of some county board members who sit on the policy steering committee, he thinks there is surprising consensus developing on a governing model, which he implied was along the lines of a regional health authority. "What there isn't agreement on," he said, "is how rapidly this should go into force."

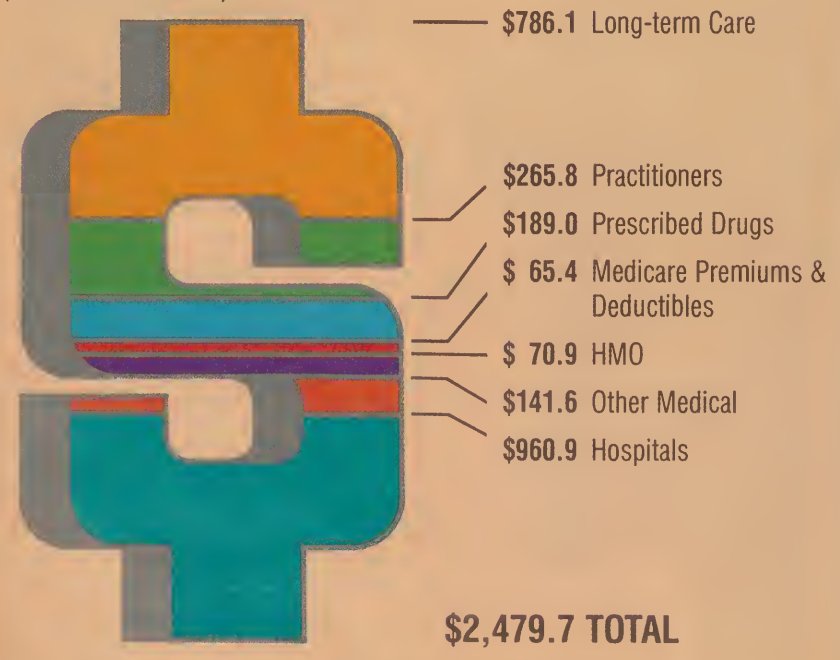
Asked if the support of the county board members was crucial, Dr. Addington said, "They're crucial, but they are members of a larger group. And it seems to me the reasons for such an authority are so compelling, that I would hope they would be statesmanlike and support it." However, pressed on whether that was realistic, he acknowledged it was not.

Dr. Addington would not speculate on whether final summit recommendations would ultimately be enacted into law. "I see my role here as trying to help the process arrive at the plan that will lead to the best care of the citizens of the city and the county," he said. "How this is all worked out in the byzantine political world of Illinois, I'll leave to others." ▲

Physician Facts

Department of Public Aid
Medical Assistance Payments Fiscal Year 1991

(Dollars in Millions)



Source of Data: Proposed Illinois State Budget, Fiscal Year 1991

Acting health commissioner Krieg to go to Roosevelt

by Kevin O'Brien



Richard Krieg, Ph.D.

CHICAGO Acting Health Commissioner Richard Krieg, Ph.D., widely considered a virtual certainty for the permanent job, has opted instead to return to academia.

In a surprise March 6 announcement, Chicago Mayor Richard M. Daley said Dr. Krieg, who has been Daley's health care adviser since 1983, will leave to become executive director of Roosevelt University's Institute for Metropolitan Affairs. Dr. Krieg was also named the Arthur Rubloff professor of public administration, a tenured position.

"I regretfully accept Dr. Krieg's resignation," said Daley. "During a period of great difficulty, he brought stability and leadership to one of our largest and most important municipal agencies."

"Dr. Krieg has done a great job," echoed Chicago Board of Health President Whitney W. Addington, M.D. "I think he will continue to play an important health care role in the future."

"I was offered a position I could not refuse," Dr. Krieg told *Illinois Medicine* shortly after Daley's announcement. He said he will remain as acting commissioner until a permanent one is named, and will also continue to chair the Chicago and Cook County health care summit's system design and management committee. He is scheduled to assume his new duties in September.

His appointment to the permanent position was practically assured pending Chicago City Council passage of an ordinance changing the requirement that the city's health commissioner be a physician. A vote was scheduled on February 28, but was deferred until March 21 at the request of Ald. Timothy C. Evans (4th), who opposes the change.

Saying he expects the ordinance will pass, Dr. Addington said there are now three viable candidates for commissioner, two of whom are physicians whose identities have not been revealed. He confirmed reports that Caswell Evans, a Los Angeles dentist with a master's degree in public health, is the third. Although he called Dr. Evans "a very attractive candidate," He said the board of health will meet March 21 to determine whether to pursue one of the three, or to reopen the search.

"I will listen to the board," Dr. Addington said, "and they will make the decision." ▲

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

MDs must be sure to get license renewal forms

by Eileen Norris

PHYSICIANS who have changed their business address in the last three years and haven't notified the Illinois Department of Professional Regulation (IDPR) should do so immediately in order to receive medical license renewal forms, which will be sent out in May.

All Illinois physician medical licenses and controlled substance licenses will expire on July 31, and it's up to doctors to contact IDPR by letter. Physicians must include their license number and previous and new addresses if they have changed the address from where the license was previously issued.

Renewal forms, which are expected to be mailed out beginning May 14, won't be forwarded to a physician's new address unless IDPR has that address change in writing and on file.

And, in a change of procedure since 1987, when there was a grace period of six months because of the new Illinois Medical Practice Act providing for the renewable three-year license period, there will be no reprieve this time, say state officials.

"Physicians need to be watching for the renewals at both their home and business addresses, although we cannot issue controlled substance licenses to a home address," says Karen Dunlap, manager of licensure maintenance and technical assistance for IDPR in Springfield. "It must be a business address."



ELA Design

Along with the renewal form, doctors will be asked to fill out a personal history form asking if they have been convicted of a criminal offense during the last three years, if they presently suffer from mental or emotional conditions or alcohol or any other substance abuse which impairs their ability to provide competent care, or if they've been denied a professional license or been disciplined by Illinois or other authorities.

The fee for a three-year renewal of the medical license (the number stays the same) is $300; for each controlled substance license, $15 for the same period. Physicians who are not Illinois residents will be charged $600 for a medical license. Both in-state and out-of-state physicians will be charged a $100 late fee if the renewal applications come into IDPR postmarked after July 31. Also, physicians who don't already have controlled substances licenses must request the forms in order to get them.

Insurance lapses for failure to renew

In addition to a late fee, physicians who neglect to renew their licenses on time will also find their professional liability insurance may have lapsed for that period, since insurance policies are predicated on licensure. And insurance coverage cannot be made retroactive. Therefore, a physician who is sued for any occurrence dating from a lapse period may not be covered.

In addition, IDPR's medical disciplinary board is empowered

(continued on page 9)

IDPR gets new director

GOVERNOR James R. Thompson announced February 8 the appointment of Kevin Wright as director of the Illinois Department of Professional Regulation (IDPR). Wright replaced Steve Selcke, who began his new duties as director of the Governor's Office of Legislative Affairs in October 1989.


Kevin Wright

The acting director in the period following Selcke's departure was Robert Thompson, who resumed his duties as deputy director for administrative services.

Wright, 33, served as deputy director of the Governor's Office of Legislative Affairs and liaison to the Illinois State Senate from August 1988 through February 1989. He had worked in Illinois state government from 1980 to 1987, when he left the governor's office to earn his master's degree in public administration from Harvard University.

Wright assumed his new position at IDPR March 1. His appointment requires Senate confirmation. ▲

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

MEDICARE NOTES

REMINDER: 'SIGNATURE ON FILE' STIPULATIONS

Physicians and suppliers are reminded that they agree to certain stipulations when using the "Signature on file" option in the submission of Medicare claims.

1. The appropriate HCFA-1500 Medicare billing form must be completed and submitted promptly, even if assignment is not accepted.
2. The following statement must be incorporated on office bills/statements sent to beneficiaries: "Do not use this bill for claiming Medicare benefits. A claim has been, or will be, submitted to Medicare on your behalf."

The second stipulation (above) is necessary to prevent beneficiaries from submitting unnecessary claims. The warning also helps protect providers from a finding of negligence if the beneficiary claims benefits with a bill or statement that is not itemized.

"Signature on File" is a statement that providers are allowed to enter (field 12 of the HCFA-1500 form) in lieu of the beneficiary's or a representative's signature authorizing the release of medical information necessary to process the claim. To use the option, providers must obtain the signature of the beneficiary or beneficiary's representative on a document authorizing the release of medical information.

The beneficiary or representative also may authorize payment to be made directly to the physician or supplier if assignment is accepted, which is indicated in field 26 of the HCFA-1500 form.

Further information can be found on pages Forms-3 and 4 of the Medicare B Provider Handbook.

The disclosure and assignment authorizations are good for the beneficiary's lifetime.

The provider must make the beneficiary signature file available to the carrier for inspection, *if requested.*

ATTENTION NEPHROLOGISTS—PLACE OF SERVICE FOR PROCEDURE CODE M0945

When submitting a claim for Monthly Capitation, designate the Place of Service as Physician's Office (O) or Independent Kidney Disease Treatment Facility (F). Do *not* use OH for Outpatient Hospital. Further information may be found on page MEDICAL-3 and FORMS-6 of the Medicare Part B Provider Handbook.

HOSPICE CARE—REMINDER

Beneficiaries who have a terminal illness with a life expectancy of 6 months or less have the option of electing hospice coverage in lieu of the standard Medicare coverage for their terminal condition. Only hospices which are approved as a Medicare certified hospice are covered under these provisions of the law. Hospice care is available for two periods of 90 days and one period of 30 days in lieu of all other Medicare benefits except for the services of the patient's attending physician and services not related to the terminal condition. If the patient is in the hospice at the end of 210 days, when the benefits are exhausted, the hospice physician can bill the carrier on a HCFA-1500. His services are reimbursed at 80 percent of the reasonable charge subject to the annual Part B deductible.

The beneficiary who has elected hospice benefits has the option of continuing to use his private physician as his attending physician in addition to using the hospice physician. Services by a private physician are reimbursed at 80 percent of the reasonable charge subject to the deductible. The hospice bills the intermediary for hospice attending physician services provided by its physicians.

Treatment for other than the terminal condition should be billed to Medicare Part B and is reimbursed at 80 percent of the reasonable charge, subject to the deductible, whether the services are provided by a private or a hospice physician.

When billing, private physicians should enter the statement "Hospice patient, Dr. _____ is the attending physician and is not employed by the hospice" on the HCFA-1500.

(This report is a service to the physicians of Illinois)
3/16/90

Editorials

March 20—a key day for Illinois physicians

March 20 is primary day in Illinois. Voters will be making choices in a host of hotly contested elections, including the governor's race, Cook County Board and county board offices throughout the state, legislative races in the Illinois General Assembly and many other offices.

The decisions we make on the 20th, as voters and concerned citizens, will affect all of us, not the least, practicing physicians and the health care professions. Your informed participation will help shape how the critical policy and political issues that affect you daily are played out in the State House and in your community next year and in the decade of the 1990s. Be a part of the democratic process: make informed decisions and vote!

Medical education: the promise and the problems

At the time of the annual residency match, it is sobering to think of the challenges facing undergraduate and graduate medical education today. Medical school admissions have been declining for several years (though the decline has apparently leveled off), and medical schools have had to go further than they might have in previous years in attracting top entrants. It's a change since the height of competition for medical school places in the 1970s and early 1980s, when landing a spot in medical school was an exquisite prize to be fought for.

At the base of today's medical school challenges are changes in the medical profession and its relation to society. The current climate of medical practice is proving a damper to attracting top medical school candidates; many otherwise would-be physicians are staying out of the profession because of the professional negatives of over-regulation, changing physician-patient relationships and a cloudy financial future for younger doctors.

Many residents choose higher-paying specialty and urban practices because of the need to pay off very costly student loans from medical school; this clustering leaves rural and other underserved areas with fewer or no primary care physicians. Legislative and other efforts could help guide more young physicians into practice serving underserved populations, if financial disincentives could be reversed or softened.

It could be a bleak future for us all if the medical profession and society in general don't make an effort to make the rewards of the profession—both personal and monetary—outweigh the drawbacks for future physicians. ▲

Illinois Medicine

VOLUME 2, NUMBER 6 **MARCH 16, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
Eugene P. Johnson, M.D., *President*
Harold L. Jensen, M.D., *Chairman of the Board*

***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Suzanne W. Nelson, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



Guest Editorial

Plaintiffs, their charges and the news media



by Edward T. Butt, Jr.

Every physician has noticed the sensationalized attention plaintiffs' lawyers get when they trumpet to a crowded press conference the filing of a medical malpractice complaint seeking an astronomical amount of damages.

It seems that in the attempt to make news, these amounts are getting farther and farther afield from economic and legal reality. Even the plaintiffs' attorneys know they're asking for sweepstakes figures in an effort to cash in on "malpractice lottery" fever.

Still, physicians must keep in mind that such negative advance publicity, as frustrating as it may be at the outset of a case, will usually have no effect on the eventual outcome of the lawsuit. The "news" element in such a ploy fades in about 24 hours, and the trial may be three to five years down the road—if indeed the case even goes to trial. Anyone who remembers the press conference will not be impaneled on the jury anyway.

Why then, if this advance publicity will not hurt the medical defendants, do plaintiffs and their attorneys use this tactic? There are two reasons: for the plaintiff's lawyer, the primary one is self-promotion. There is a chance to spread his/her name across the news media marquee, in an effort to achieve greater fame, and more importantly, to attract clients.

For the plaintiff himself, punishing the defendants may be just as important as obtaining monetary damages, and a big-splash press conference naming the defendants and announcing a multi-million-dollar claim can be instantly gratifying.

Even though the publicity may not damage the defendant's legal position, some hospitals, and even a few defendant doctors, may be concerned that it could damage the institution's or practice's reputation. Though I as a defense attorney can remind institutions and individuals that the moment of the plaintiff's (and plaintiff's lawyer's) fame in such an announcement will probably last only one day, some defendants will feel an inescapable urge to speak out.

Should hospitals feel compelled to speak, they should consider the following procedure. Designate in advance one spokesperson to respond to all media inquiries about lawsuits. The spokesperson should prepare an all-purpose advance script, which reads something like this: "The allegations contained in this suit are just that—allegations. And the plaintiff's attorney has chosen to file this case in the press, which always makes us suspicious that the case isn't strong enough to stand up in court. But since your call is our first notice of this patient's complaint, we haven't had the chance to investigate the charges, much less review the medical records. As soon as we receive the actual allegations, we will do so."

The physician, if contacted, should simply say, "I'm sorry, but I cannot discuss the case, on the advice of my attorney."

Meanwhile, we on the defense end of these incidents will just have to accept that plaintiffs' attorneys are going to continue to make these media splash announcements whenever they can. It is intriguing to note, however, that although we are constantly hearing about the huge amounts of sought-after damages, we rarely hear about the majority of suits—those won by defendants—or that many extremely large verdicts end up being reduced significantly later on. Only sensational demands and verdicts are publicized; defense verdicts and the more-common nominal verdicts are not publicized or considered newsworthy.

My concern in this regard is that people who have sustained minor or negligible injuries may believe their injuries deserve the monetary judgments awarded to plaintiffs who have suffered truly catastrophic consequences, or that a normal or expected complication of care will be interpreted as resulting from a doctor's negligence, and patients can therefore cash in on the result.

Still, the important thing to keep firmly in mind when faced with pretrial publicity is that you must not do anything rash that will advertise your defense strategy or lead to a potential multi-million-dollar jury verdict. "We will present our defense in court" is a perfectly justifiable answer to a question against which one cannot properly defend oneself. ▲

Edward T. Butt, Jr. is a partner in the Chicago law firm of Wildman, Harrold, Allen and Dixon.

Medical students brace for 1990 residency match

by Kevin O'Brien

STUDENTS at seven Illinois medical schools are bracing for their annual rite of spring—the 1990 national residency match on March 20.

Seniors from Rush Medical College, University of Chicago's Pritzker School of Medicine, Northwestern University Medical School, University of Illinois (UI) College of Medicine, University of Health Sciences/The Chicago Medical School, Loyola University's Stritch School of Medicine, and Southern Illinois University's School of Medicine will vie with classmates nationwide for more than 22,000 resident positions in about 3,500 programs.

In Illinois, a total of 1,345 positions are being offered in 47 hospitals, medical centers and other programs, according to the *National Resident Matching Program Directory of 1990/1991 Positions*. Last year, 978 positions were matched from a total of 1,241 in 46 institutions or other programs.

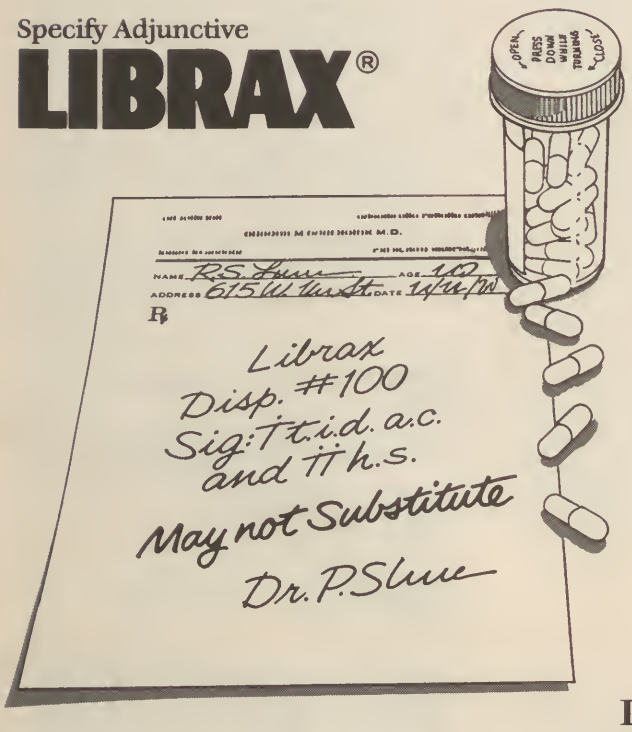
Northwestern University's McGaw Medical Center leads in the number of Illinois positions offered at 130, followed by Rush-Presbyterian-St. Luke's Medical Center with 122 positions and 108 positions at Cook County Hospital.

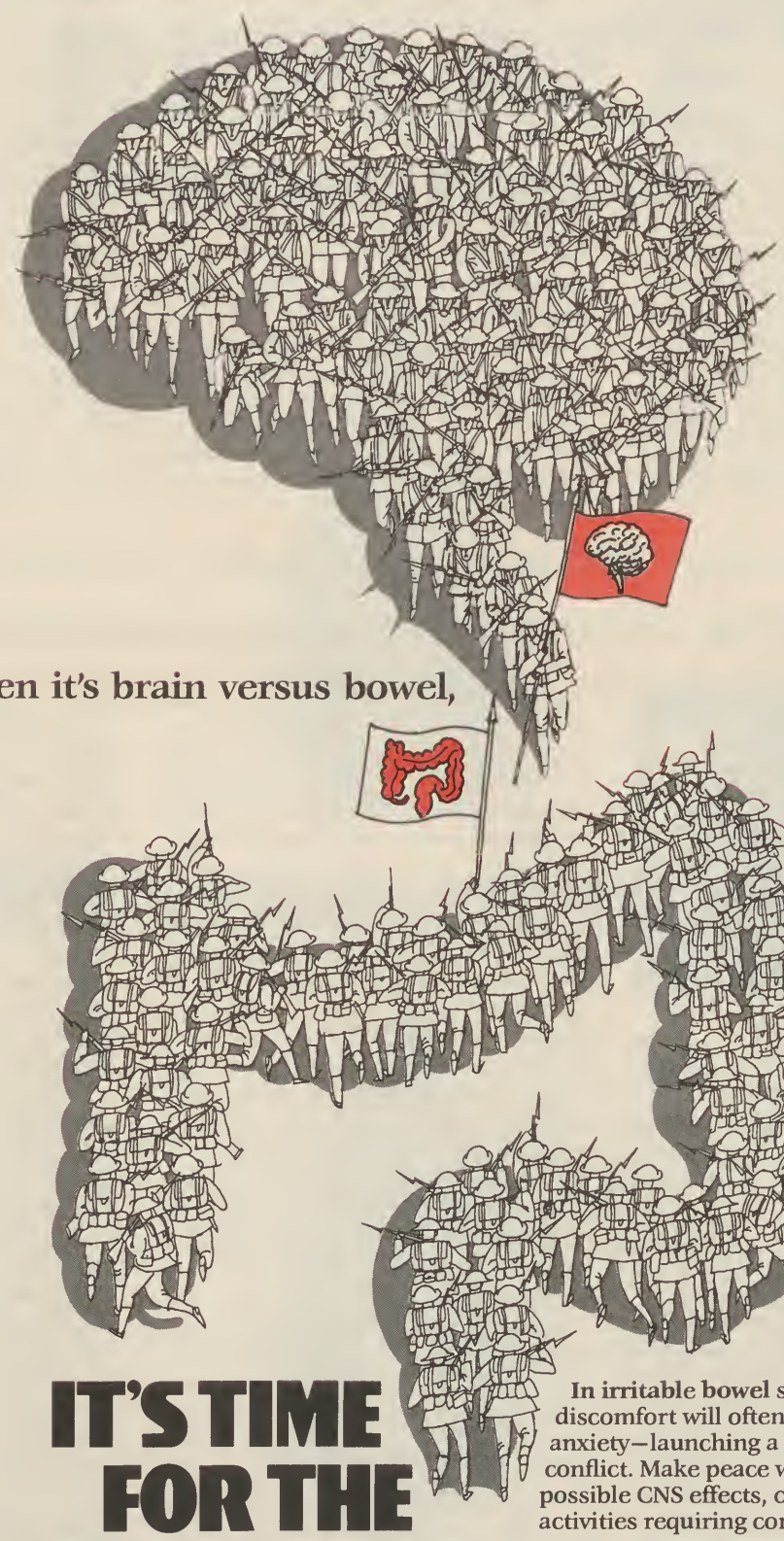
The University of Illinois Hospital (UIH), which would have become part of Cook County Hospital if a controversial affiliation agreement between the UI College of Medicine and Michael Reese Hospital and Medical Center had succeeded, needs to fill 115 positions. The Illinois Senate disapproved the agreement last summer, and instead passed legislation saying that UIH must remain open, providing an extra $25 million to ensure the hospital's survival during the 1990 fiscal year.

A modified agreement between the university and Michael Reese was later approved by UI trustees and immediately implemented. However, the controversy resulted in a spate of faculty resignations, and UIH matched only 48 of its 94 offered positions, or 51 percent, in 1989. Despite ongoing efforts to rebuild the faculty, informed sources are speculating that this year's match may not fare much better than last year's. Michael Reese itself lists 69 positions up for match. Last year, Michael Reese matched 49 of its 61 positions, or 80 percent.

Downstate, Southern Illinois University School of Medicine and affiliated hospitals are offering 46 positions, while 31 positions are up at the University of Illinois' College of Medicine in Peoria. The Illinois Department of Public Health in Springfield offers the least number of positions in Illinois: two in its preventive medicine/public health program. ▲

Specify Adjunctive
LIBRAX®





IL

To insist on the brand, be sure to check the "May not Substitute" box on your prescription.

In IBS,* when it's brain versus bowel,

IT'S TIME FOR THE PEACEMAKER.

In irritable bowel syndrome,* intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive
LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).
Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.
As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.
Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

P.I. 0288

ROCHE Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

Copyright © 1989 by Roche Products Inc. All rights reserved.

Point/Counterpoint

Point/Counterpoint looks at opposing views on widely-debated topics. The question for this issue:

What are the sources of the insurance crisis?

Let's look to insurers, not judicial system for sources of inequities



by C. E. Heiligenstein
President, Illinois Trial Lawyers Association

I have been a practicing trial lawyer for 35 years, with almost all of my experience in the personal injury field. In that time period, I have seen vast changes in the law and in the profession, many of which have occurred when the Illinois General Assembly or U.S. Congress amended or created statutes, or when judicial decisions altered substantive law or procedures. Those changes have been mostly progressive and positive. The people I represent continue to have free access to the courts and fair treatment; their right to fair compensation for damages remains basically unaltered.

Medical practice has changed even more than legal practice, because of advancements in technology, research and treatment techniques, while the cost of setting up a practice today has become unbelievably high. Caught in a vortex of change, it is no wonder many physicians are unable to spend much time with their patients. Lack of personal attention is a prime reason the public has changed its view of medical malpractice: in the last 20 years, patients' willingness to sue has created two "crises," one in the mid-1970s and another in the mid-1980s.

These "medical malpractice crises," however, should properly have been termed "medical malpractice insurance premium crises." The insurance industry was aggressively raising your rates, and to support those increases, quoted "guesstimates" as to future payouts. What troubles me is that the actual dollars paid out by insurers have been *nowhere near* the amounts insurers have claimed necessary.

Through the years, one of the nation's largest malpractice carriers, St. Paul Fire and Marine, has spent less than 29 cents on each dollar collected on claims, and your own company—the Illinois State Medical Inter-Insurance Exchange—just 10 cents more. Minnesota's commissioner of insurance recently reported that "Insurers have consistently and significantly over-reserved. Ending reserves have been three times higher than actual loss payments for the last five years." This applies here in Illinois, and is typical.

In 1975, the Illinois State Medical Society (ISMS) convinced the Illinois General Assembly to accept its solutions to the 1975 crisis. The legislature passed a measure that set a $500,000 limit on medical negligence damages. That limit was arbitrary, and could not be exceeded, and was declared unconstitutional by the Illinois Supreme Court in 1976.

In 1985, ISMS once again supported changes in the law. Enactments by the General Assembly have reduced lawsuits. One important aspect of the legislation was the certificate of merit law, which was originally proposed by the Illinois Trial Lawyers Association (ITLA), though it evolved considerably before final passage.

Twice since 1985, ISMS has advanced proposals to limit non-economic damages in medical negligence cases. ITLA has opposed those proposals and will continue to do so, because the right of free access to the courts and adequate compensation has been ingrained in us since law school.

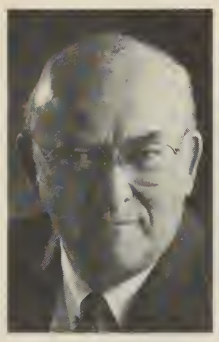
Further, much of the evidence we cite regarding the premium crisis relates to the unbelievable mountains of money retained by carriers as premium dollars reserved to pay future claims and the fact that they have not paid that money out.

Your own insurer, ISMIE, has built up huge reserves that we cannot believe will ever be required. Since 1978, the Exchange has taken in premiums of just under one billion dollars ($959,079,751) plus investment income of $297,703,540 and has paid to claimants only $360,019,188.

Remember, you now have "claims-made" policies. The insurer's risk is limited to that year of the policy. Long tails and unknown future occurrences just don't apply any more. At some point, insurers will be forced to admit they have consistently over-reserved, and have made policyholders' premiums in excess of real risk.

I am grateful for the opportunity to express my thoughts to ISMS members. I sincerely hope our two professions can find ways to accommodate our differences and use our skills for the betterment of both. ▲

Our physician-owned insurance exchange is working to restore balance in the system



by Fred Z. White, M.D., Chairman, Board of Governors, Illinois State Medical Inter-Insurance Exchange

The guest editorial by C.E. Heiligenstein, Illinois Trial Lawyers Association (ITLA) president, credits the Illinois State Medical Society (ISMS) with easing the malpractice crisis because of its push for reforms in 1975 and 1985.

ITLA takes credit for proposing the certificate of merit law, which has been one of the most successful reforms in reducing meritless suits. ISMS enthusiastically supported plaintiff attorneys' suggestions for the certificate proposal. That's why we were surprised when ITLA declined to join us in defending the requirement before the Illinois Supreme Court recently, declaring it restricts access to the courts. Could it be that the certificate of merit, which was upheld in three appellate district courts, but struck down in the district court covering Chicago, was working too well?

The Illinois State Medical Inter-Insurance Exchange reports that frequency of malpractice suits has decreased to the 1979 level. Frequency has also declined in other states, many of which have achieved some elements of tort reform in the past four years. Many believe that the trend toward declining frequency reflects the public's understanding that frivolous malpractice suits and claims contribute to increased costs of medical care.

The Exchange reports that the size of awards is still increasing although less drastically than in the pre-1985 tort reform years. That is why ISMS is still pursuing a cap on non-economic awards. We are firmly committed to paying truly injured patients economic damages, such as loss of past and future wages, costs of medical and other care. However, damages awarded for pain and suffering and other non-quantifiable losses should be capped, so that patients are treated uniformly and fairly.

Because of decreased malpractice frequency, the Exchange has not increased its basic premium in recent years, although actual rates increased slightly due to the nature of claims made pricing. If the present trends continue, future Exchange rate changes will be minimal. Two actuarial companies and the Illinois Department of Insurance review Exchange reserves to determine their adequacy. The Exchange gears its reserve levels and investments to pay future losses. The Exchange also uses only six cents of every premium dollar for administrative costs. The remainder is invested to pay future losses, and to keep premium levels at a reasonable level.

The Exchange contributed a great deal to improving the malpractice climate by assisting the medical society in its tort reform efforts. It has also spent the post-1985 years improving its claim procedures by riding herd on defense attorneys to monitor claims better and close them faster. The Exchange has expanded its risk management activities to reach its 10,000 policyholders with claim-prevention education. The Exchange's underwriting process is continuously being refined so that each policyholder pays only his or her fair share.

ISMS also didn't rest on its laurels after the 1985 tort reform. ISMS helped author and actively support a model state Medical Practice Act in 1987, to improve physician licensing and discipline in Illinois. To pay for improved discipline, physicians now pay triple the amount in license fees. Although Governor James R. Thompson challenged both the medical and legal professions to "clean their own houses" following the 1985 tort reform, the legal profession has yet to improve legal discipline, even in the wake of Operation Greylord.

Mr. Heiligenstein uses an old plaintiff attorney trick in trying to divert the reader away from the true nature of the problem . . . the inequities in the judicial system. While ISMIE cannot speak for other carriers, especially commercial ones such as St. Paul, it can and does prove to its policyholders every year that a physician-owned and -operated company is committed and responsive to its policyholders, who are the company's owners. ▲

Exchange to offer prior acts

THE ILLINOIS STATE Medical Inter-Insurance Exchange, Illinois' largest and oldest physician-owned and operated professional liability program, will offer prior acts coverage beginning July 1, 1990. Prior acts or "nose coverage" will allow Illinois physicians to join the Exchange without having to purchase a reporting endorsement or "tail" coverage from their previous insurer. Prior acts coverage protects a physician for any patient treatment rendered during the previous policy which becomes and is reported as a claim or suit thereafter.

The Exchange has been offering claims-made coverage since July 1986, but was unable to offer the riskier prior acts coverage until now. "Physicians who left the Exchange in the early 1980s wanted to return to the Exchange when their commercial companies drastically increased premiums," said Fred Z. White, M.D., Exchange chairman. "We are pleased to be able to offer prior acts to those Illinois physicians who have practiced principally in Illinois." Physicians from other states will not be eligible for prior acts coverage and will need to purchase the reporting endorsement from their previous malpractice company.

To be eligible for prior acts coverage, physicians must meet all Exchange underwriting criteria. Applicants must provide the Exchange with extensive information regarding their practice locations and procedures performed during the prior acts period. ▲

OBRA-89 provisions affect MDs' Medicare practices

AS A RESULT of the Omnibus Reconciliation Act of 1989 (OBRA-89) passed by Congress last December, "participating" Medicare physicians who no longer desire to participate have until midnight March 31 to inform Blue Cross/Blue Shield in writing of their decision, according to the Illinois State Medical Society's (ISMS) health care finance division.

Physicians were required to make the participation decision most recently in December 1989. Those physicians not now participating who wish to can sign the agreement now being forwarded by BC/BS with its annual solicitation letter. Those not responding to Medicare's letter will continue as currently classified.

New OBRA-89 provisions also require all physicians who accept Medicare patients to file claims for those patients beginning September 1, regardless of whether they accept assignment. Previously, only participating MDs had to do so. Also, physicians will be unable to charge administrative fees for providing this service. ISMS is working with Illinois' Medicare representative to clarify and communicate this new mandate.

Participation decision involves complex calculations

Physicians deciding on Medicare participation should first weigh whether they wish to enter into a contract with the Health Care Financing Administration (HCFA) to *always* accept Medicare assignment for the life of the contract; in this case, the rest of this year. This means physicians will have to accept assignment for every Medicare patient seen, whether in the hospital, office or other setting.

In addition, physicians should consider several economic factors when making a Medicare participation decision. First, physicians should evaluate how their current percentage level of Medicare assignment economically impacts their practice. For example, physicians with substantial Medicare practices should consider carefully the participation vs. nonparticipation decision.

Second, a physician's specialty and practice location could economically affect the Medicare decision. For example, the varied patient mix in some specialties like family practice could influence the assignment decision. On the other hand, other specialists whose practices are limited to the elderly or others on fixed incomes may look more favorably on participation. In addition, some locations are better suited to participation than others.

Finally, physicians could compare the mix of their probable rate of Medicare reimbursement and other income to office location and other overhead expense considerations when determining whether to participate.

RBRVS fee schedule

Beginning January 1, 1992, a physician Medicare fee schedule, based on the Harvard University/American Medical Association (AMA) research-based relative value scale (RBRVS) and recommendations of the physician payment review commission, will be established annually by the U.S. Secretary of Health and Human Services.

Specific conversion factors transforming the RBRVS into an actual fee schedule will be set annually by Congress. In 1992, there will be a 15 percent increase or decrease for those fees which have been historically low or high relative to the RBRVS schedule. Phased in over five years, the schedule will take into account time, skill, overhead and malpractice expenses, as well as differences in providing services attributed to geographic location. However, fees will *not* vary by specialty.

Between April 1 and December 31, 1990, non-participating physicians will be bound by the maximum allowable actual charge (MAAC), which may or may not be what they customarily charge. They will receive from Medicare a physician charge report that will outline customary charges, area prevailing charges for participating and non-participating physicians (with adjusted updates), and the MAAC.

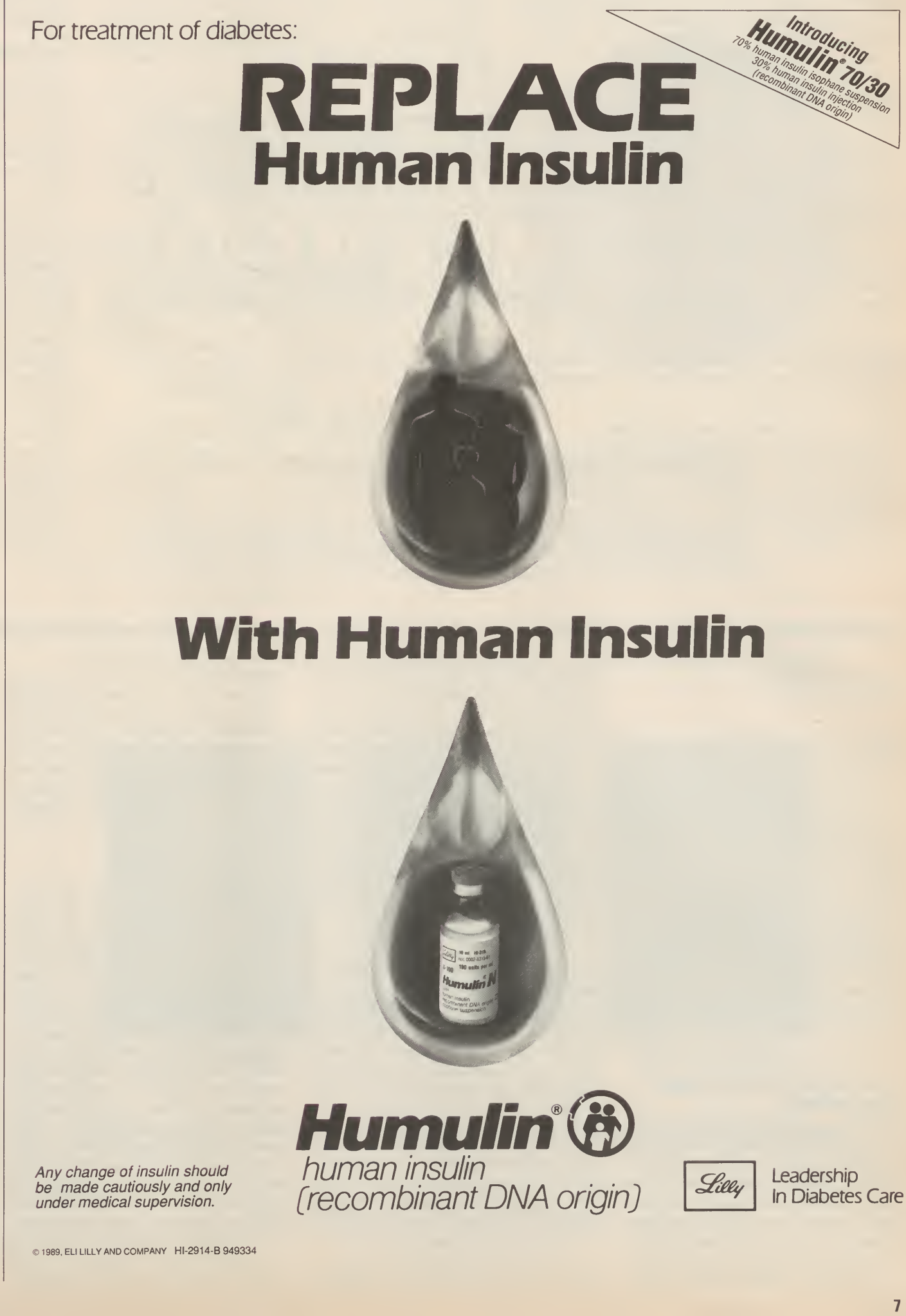
However, OBRA-89 provides for new limits on balance billing which, in effect, mean the elimination of the MAAC program by 1993. Effective January 1, 1991, the MAAC will be replaced by a phase-in of charge limits based on a percentage of area prevailing or RBRVS fee schedule charges.

Another significant result of OBRA-89 is the extension of "inherent reasonableness" standards to reduce fees for what HCFA considers "overpriced" procedures. HCFA has identified 245 procedures within 36 groups of services it considers overpriced.

MVPS introduced

OBRA-89 also introduces Medicare volume performance standards (MVPS), which add a volume curb to the new RBRVS fee schedules. MVPS is intended to serve as a benchmark limiting the total amount of money that Medicare will reimburse each year for physician services. While MVPS will not be a limit on physician expenditures, success or failure in meeting the MVPS will figure into the annual adjustment of the appropriate fee schedule update.

Any ISMS member having specific questions about how any of the OBRA-89 provisions affect his/her practice, may contact the Illinois State Medical Society's division of health care finance. ▲



No action for "non-urgent" bills?

New legislative session to focus on funding

by Caryl Carstens

THE ELECTION-YEAR legislative session which got underway March 7, when Governor James R. Thompson delivered his budget message to the Illinois General Assembly (see story, page 1), is expected to focus on immediate funding issues for Illinois, possibly signaling a difficult path ahead for health care-related legislation favorable to physicians and the medical community.

In theory, the fact that this session has been designated as an "emergency" means that only those bills necessary to the immediate running of state government will be accepted for consideration. In practice, House Speaker Michael Madigan (D-Chicago) and Senate President Philip Rock (D-Oak Park) will have a dominant influence in gatekeeping proposed bills.

A number of health care bills could appear or reappear, including some which have been the focus of pitched battle in the past. Adversely for physicians, mandatory Medicare assignment ranks as one of the most likely of these. Indeed, supporters of S.B. 294, the mandatory assignment bill, have promised to bring it back. S.B. 294 was sponsored in 1989 by state Sen. William Marovitz (D-Chicago) and supported by the Illinois State Council of Senior Citizens Organizations.

Another likely legislative effort will urge universal health care insurance in Illinois. Taking inspiration from the government-supported and -controlled Canadian health care system, Illinois Public Action (IPA) announced a plan for a similar program in this state last month (see *Illinois Medicine*, March 2). IPA has vowed to get its plan introduced legislatively this year.



Natalie Wargin Design

ISMS to support introduction of legislation

The Illinois State Medical Society (ISMS) will be supporting the introduction of legislation on a number of fronts. ISMS will urge reintroduction of legislation expanding the Good Samaritan Act; such legislation would provide additional immunity for physicians serving without compensation as part of community-based free clinics.

ISMS will also work to support S.B. 917, introduced by state Sen. Penny Severns (D-Decatur) in 1989, or similar legislation to protect physicians from liability when providing medical exemptions to the Illinois seat belt law. The ISMS Governmental Affairs Council, in a January report to the Board of Trustees, noted that many physicians are wisely hesitant to provide legitimate exemptions from the seat belt law based on liability concerns.

Infant blood typing could also come up. ISMS will support legislation repealing the current Illinois law requiring infant blood typing to be placed on the birth certificate.

In the area of workers' compensation, ISMS supports three legislative efforts—amending the Workers' Compensation Act to allow physician liens to be filed on such claims, and requiring claimant attorneys to notify physicians as to the disposition of claims; amending the Act to require written patient authorization for the release of patient records; and defining AIDS as an occupational disease for health care workers.

Funding will be an overriding issue

Legislators are loathe to discuss their plans and expectations for the session until after they have analyzed the governor's budget; but it is generally agreed that broad funding issues will dominate.

The stopgap methods employed to boost education funding for this fiscal year could help revive basic tax issues, derailing non-emergency funding for a variety of programs.

While well over 1,000 bills may be filed before the April 6 Senate deadline and the April 20 House deadline, the Senate and House rules committees are expected to keep tight rein on non-budget bills going to the floor for consideration.

Health care funding: Chicago and downstate

Against this backdrop, new funding will be sought during this session to help handle critical health care issues both in Chicago and downstate. The Chicago and Cook County health care summit process now examining the health care delivery crisis (including the financing of Chicago level I trauma centers) is expected to make its final recommendations in April. While Governor Thompson promised in his State of the State message to send the summit's proposals to the legislature immediately for action, he also warned that the whole state's health care needs must be met, and has proposed no new funds for summit concerns.

Sen. Adeline Geo-Karis (R-Zion), said the legislature and governor may also have to deal with new wage demands from state employee unions who, she reported, are "clamoring" for more money.

Abortion issue could come back

Abortion issues, which surfaced loudly in 1989, could again capture some limelight this spring if forces attempting to limit legal access to abortion have sway. During the fall 1989 veto session, proponents of tighter abortion restrictions fell one vote short of pushing their proposal out of committee and onto the House floor.

The proposed Illinois restrictions, contained in H.B. 574, require fetal viability testing of women seeking abortions who are believed to be at least 20 weeks pregnant, the presence of a second doctor to assist a fetus surviving an abortion, a ban on the use of public facilities and employees in elective abortions, and criminal penalties for doctors who violate the regulations, including 2-5 years in prison and fines of up to $10,000.

House Speaker Madigan and Senate President Rock may use their influence to delay any revival of the abortion issue until after the November election, in order to avert exceptional voter pressure on legislators.

In the area of medical waste, the two task forces currently studying the issue are working to conclude reports this year. But no legislative proposals are expected in time for consideration by the legislature this spring. ▲

Governor's budget

(continued from page 1)

ally, or in determined increments over the space of the rest of the year.

At the same time, there is good news for health care professionals in a variety of IDPA-sponsored programs. The additional $195.7 million in the IDPA budget would allow IDPA to fund improvements made last year in assistance programs and fees paid doctors and others for Medicaid patient care. Included would be planned rate increases for long-term providers based on an inflation rate of about four percent. But even with the increase, the payment cycle will increase to 56 days.

No extra funds for summit concerns, trauma network

The governor's budget does not address potential funding for concerns arising out of the Chicago and Cook County health summit, or for the Cook County level one trauma network. Assistance sought by southern Illinoisans to improve health care in their area also appears unaddressed.

The IDPA budget commentary states, "No funding is provided or available [in the budget] for the recommendations of this summit. Any request by the summit for additional state resources should: be available to the whole state and not just Cook County; not come from resources needed for education, public safety or the environment, and be accompanied by a specific revenue source which provides resources sufficient for the full duration of the program and not just a 'downpayment' on the first year."

New programs to help families, public assistance recipients

IDPA will also begin to implement federally mandated medical coverage for pregnant women and children up to the age of six whose family income is no more than 133 percent of the federal poverty level. The federal Family Support Act will require the state to provide day care and medical benefits for a full year after a family leaves Public Aid rolls and the head of household begins working. Currently, such assistance is provided for six months.

A new Medicaid Partnership program will get underway at demonstration sites in high-need areas in fiscal year 1991 at a total cost of $5.6 million. Networks of health care professionals to provide care will be established. The department's fee schedule, under the budget plan, will be increased by incentive payments to encourage physicians to participate.

IDPH gets health increase

Under the Thompson budget plan, the Illinois Department of Public Health (IDPH) would receive a 7.0 percent increase, from $279.8 million in fiscal 1990 to $298.7 million in fiscal 1991. Among the major components of the IDPH budget are committing $10.7 million in state and federal funds to continue the statewide AIDS program; a $6.5 million expansion of case management and outreach activities in the Families With A Future program sites; implementing provisions of the federal Omnibus Budget Reconciliation Act of 1987 (OBRA-87) through a $2 million expansion for nursing home certification surveys and related services; and expanding counseling and case management services to substance-abusing women through a $1.7 million grant to Families With A Future.

New taxes?

Thompson has tied any new spending for social and health care needs to what he called necessary increases in sales taxes, including an eight-cent hike in the cigarette tax and an extension of that tax to other forms of tobacco to raise $80 million in revenues. He has also proposed an increase from three percent to five percent in the telephone tax to produce an estimated $135 million; an amnesty period for payment of back taxes, anticipated to result in $70 million; and enactment of a "prepaid" sales tax on liquor sales for an additional $15 million.

Response to the unveiling of the budget plan was critical from both Democrats and Republicans. Secretary of State Jim Edgar, the leading Republican candidate going into the March 20 primaries, said, "We ought not to go new tax routes;" while House Speaker Michael Madigan (D-Chicago) and Attorney General Neil Hartigan, the anticipated Democratic candidate for governor, called the plan a "blueprint for bankruptcy." ▲

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

Williams gets to the heart of things

IT WAS a hot summer day in 1893 when James Cornish was rushed to Chicago's black Provident Hospital with what seemed to be a superficial stab wound to the chest—the result of a bar room brawl. But to attending physician Daniel Williams, M.D., persistent pain over the heart region and symptoms of shock suggested deeper injury—damage to important blood vessels, perhaps to the heart itself.

1 5 0

There was no x-ray technology yet to guide Dr. Williams—and he knew of no medical precedent for opening the thoracic cavity. Conventional medical wisdom held that heart wound cases be left alone: keep the patient quiet and cool, packed in ice, if possible, relieve pain with opium and leave the rest to destiny.

Dr. Williams knew this scenario would only result in Cornish's death. And so, in a tiny operating room (actually a converted bedroom) with none of the adjuncts of "modern medicine"—no trained anesthetist, no artificial airway to open the windpipe, no blood transfusions, no penicillin—Dr. Williams put his knife to Cornish's chest, making an incision no bigger than a small knot hole. He gently threaded his way through a complex network of blood vessels and nerves so as not to interrupt the continuous beating of the heart.

Just as he suspected, the left internal mammary artery was damaged. He tied it to prevent hemorrhage, then probed further. The heart muscle itself was basically undamaged, but there was a wound in the pericardial sac more than an inch in length. The pericardium, rising and falling 130 times every minute, would have to be sutured. With great difficulty, Dr. Williams grasped the edges of the pulsating wound and closed it with a continuous suture of catgut, then stitched up Cornish's cartilages and skin with a finer silkworm gut for easy removal in case of infection. Some 50 days after entering Provident as a dying man, Cornish left the hospital "cured."

"Sewed up his heart," read the headlines detailing the amazing story of the black physician and his staff. Though there is some question as to whether Dr. Williams was indeed the first to "sew up the heart" (apparently a St. Louis surgeon unknown to Dr. Williams, had performed a similar feat some two years earlier), the dispute over "first place" takes nothing away from the Chicago doctor's courage, originality, and skill.

A couple of months after his discharge, Cornish arrived at Provident for a second time with injuries incurred in a fight. Cornish wouldn't let anyone touch his bloody head but Dr. Daniel Williams. The doctor was not amused. After stitching up the head, he told Cornish: "You've had enough free care in this hospital. Go out and get yourself a job and stick to it and send Provident some money."

The next day, Cornish's bed was empty (not even his blanket remained). A few days later, the hospital found a grimy bundle at its door: it contained a blanket and a scrap of paper on which was scrawled, "Thanks Doc." ▲

License renewal

(continued from page 3)

to level reprimands and fine physicians who fail to renew their medical licenses on time, says Peggy Shapiro, administrator of the Medical Practice Act for IDPR.

In 1989, the medical disciplinary board disciplined 43 physicians for unlicensed practices, with fines totalling $95,900, says Joseph B. Perez, M.D., vice-chairman of the disciplinary board.

"If a doctor practices without a current license, he or she is brought in for an informal hearing and reprimanded and fined. What we want physicians to realize," emphasizes Dr. Perez, "is that it's not IDPR's responsibility to track them down when they move. It's just like being responsible and getting your driver's license address changed when you move."

The Illinois State Medical Society (ISMS) is working with IDPR to help update the current physician address list, he adds, and IDPR plans to mail its medical newsletter, complete with license renewal information, to state physicians this month via first class mail, says Shapiro, so those not receiving the newsletter can be identified.

But that helping hand doesn't mean physicians can expect the state or anyone else to see to it that their license is renewed on time.

"We encourage doctors not to wait until the last week in July to get their renewal forms to us," says Dunlap of IDPR. "We need time to process the forms, so they should send in their renewal form and check as soon as they receive the package from us."

EDITOR'S NOTE: IDPR's mailing address is 320 W. Washington Street, Springfield, Illinois, 62786.

Physicians who aren't sure what address the department has on file or who may have questions about the renewal process are encouraged to call IDPR at (217) 782-0458 during regular business hours. ▲

COMMITTED TO EXCELLENCE

ROCHE PRESIDENT'S ACHIEVEMENT AWARD

Presenting the winners of the 1989 Roche President's Achievement Awards

Roche Laboratories is proud to honor these outstanding sales representatives, chosen for their unparalleled dedication to the healthcare field, professionalism and consistent high level of performance. Please join us in congratulating these exceptional individuals.



Dipak K. Chatterjee



Kara L. Dahm



Catherine C. Roesler

Turn to the following page and find out how your award-winning Roche representative can help both you *and* your patients.



Wm. Daniels/The Photo Partners

John Schneider, M.D., author of one House resolution

House meeting

(continued from page 1)

nation test was offered or performed. John Schneider, M.D., HMSS at-large representative and author of the resolution, said the law deals with preventive care.

"You can't expect to deal with preventive care in the hospital environment," Dr. Schneider said. "You need to move things like routine Pap smears and periodic blood pressure measurements to the primary care physician. Hospitals should encourage that these kinds of tests be done in a physician's office," he added. "Right now, the emphasis in the hospital is on form completion."

Board resolutions

A resolution from the ISMS Board of Trustees would update ISMS policy by establishing that a physician's own private medical practice business records should not be accessed by any third party, such as an alternative delivery system. Another board resolution would allow the Board of Trustees to amend ISMS bylaws if the amendment is technical and non-substantive, as long as any changes are reported to the next House of Delegates meeting and are not disapproved there.

Deunification with AMA

Three resolutions call on ISMS to "deunify" with the American Medical Association (AMA). ISMS now requires a physician who wishes to join the county medical society, ISMS or AMA to join all three organizations. Should deunification pass, physicians would be required to join the county and ISMS, but joining AMA would be voluntary. Authors of the deunification resolutions, physicians from Iroquois, Macon and LaSalle counties, cite damaging *Journal of American Medical Association* (JAMA) editorials and AMA scandals as reasons for their resolutions.

Third-party payors

A resolution calling on ISMS to educate the membership on current laws concerning physician negotiation with third-party payors and asking ISMS to develop a directory of health maintenance organizations (HMOs), independent practice associations and other physician organizations negotiating contracts in Illinois, was introduced by Eugene B. Loftin, M.D., Kane County delegate. This is necessary, Dr. Loftin said, because the federal government continues to encourage HMOs and other managed care plans.

Several resolutions deal with peer review and utilization review (UR). The ISMS Board of Trustees wants approval to urge the House of Delegates to give priority to changing the ERISA law to eliminate objectionable UR practices and to provide grievance procedures for physicians who have UR and "hold harmless" problems. The board cites problems with patient consent to access medical records, qualifications of reviewers, appeal processes, and administrative burdens of compliance for the physician as reasons for the resolution. The federal ERISA law is exempt from state regulation.

Peer review and UR are also troublesome to the Chicago Medical Society, which has introduced two resolutions on the subject. One calls for legislation that would require physicians involved in Illinois peer review to be licensed in Illinois. The other asks ISMS to explore liability issues surrounding peer and utilization reviewers. Third-party peer and utilization reviewers, whose medical expertise is not known and whose decisions may adversely impact medical care, are the targets of these resolutions.

Rural health

Rural health care is of concern to downstate delegates. The Clark County Medical Society is asking ISMS to provide advice on rural patients' access to health care—especially obstetrical care—to groups such as the Farm Bureau.

"Communities can be taught to assess their health care needs and

(continued on page 11)

Your Roche Representative Would Like You To Have Something That Will...

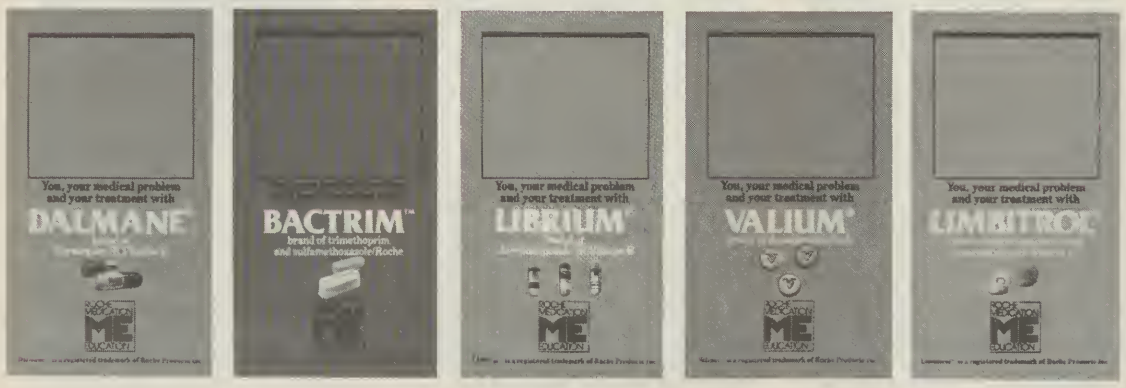
ROCHE®

... improve patient satisfaction with office visits.
... improve patient compliance with your instructions.
... reduce follow-up calls to clarify instructions.

Roche product booklets ...

- **offer a supplement to, not a substitute for, patient contact.**
- **support your specific instructions to the patient.**
- **provide a long-term reinforcement of your oral counseling.**
- **are available in *Spanish*.**

Because you are the primary source of medical information for your patients, we invite you to look over the Roche product booklets shown below. Ask your Roche representative for the new catalog brochure of patient education materials and for a complimentary supply of those booklets applicable to your practice, including the WHAT IF Book in large type.



ROCHE ME MEDICATION EDUCATION

Working today for a healthier tomorrow

(continued from page 10)

how to go about meeting them," said ISMS President Eugene P. Johnson, M.D., of Clark County. "It's up to the medical community to lead the way in teaching the public to meet its own health care needs," he said.

Resolutions and reports from the board, councils and committees, and other organizations will be considered before ISMS reference committees on Friday, April 6, beginning at 2:00 p.m. A special ISMS financial report will be made before Reference Committee A at 1:30 p.m. Friday. ▲

Delegate handbooks for the 1990 ISMS annual meeting have been mailed. Physicians needing more information on the House of Delegates schedule or resolutions for debate should contact ISMS, 1-800-782-ISMS.

Unfinished business reported back to the House

WHAT HAPPENS to resolutions when the ISMS House of Delegates refers them to the Board of Trustees? At the next House meeting, the board reports on each referred resolution in an "unfinished business" report. The report is considered by the full House; it contains recommendations on each referred resolution.

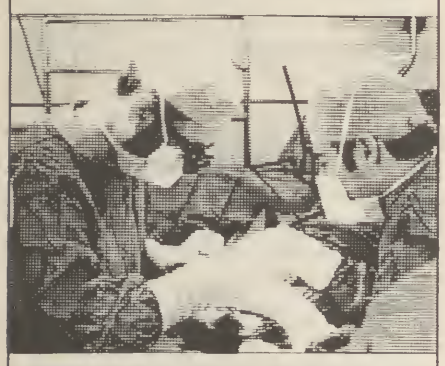
Three unfinished business reports will appear before the House at the 1990 meeting.

Resolution 53 (A-89) asked ISMS to request that the Illinois Department of Insurance encourage insurance companies and other third-party payors to make beneficiaries aware of their policy limitations and to investigate the "experimental" therapeutic procedure declination policies of third-party payors. Since the Illinois law already requires beneficiaries to be fully informed on benefit limitations, and since state regulation does not apply to ERISA plans, the board is recommending Resolution 53 not be adopted.

Resolution 33 (A-89), also referred to the board at last year's meeting, asked ISMS to explore ways to encourage the Illinois Department of Public Aid (IDPA) to use qualified physicians and certified nurse midwives to provide obstetrical care in specific rural areas. It also urged ISMS to seek state umbrella malpractice coverage for such contract physicians. The board found significant problems in this resolution, including the state providing malpractice coverage for physicians caring for certain types of patients. The board is also concerned about encouraging unsupervised, non-licensed allied health providers. The board noted the recent IDPA obstetrical fee boost as a way rural obstetrical care has been addressed. The board is recommending that its unfinished business report be adopted, rather than the original resolution.

The 1989 House of Delegates also referred Resolution 20 (A-89) which asked ISMS to adopt the policy that patients with a major mental illness and who are mentally incompetent to consent to treatment have guardians. The board recommends that the resolution not be adopted because current ISMS policy as well as Illinois law adequately deal with consent for treatment issues. ▲

HOW TO MAKE $20,000 IN MEDICAL SCHOOL LOANS DISAPPEAR.

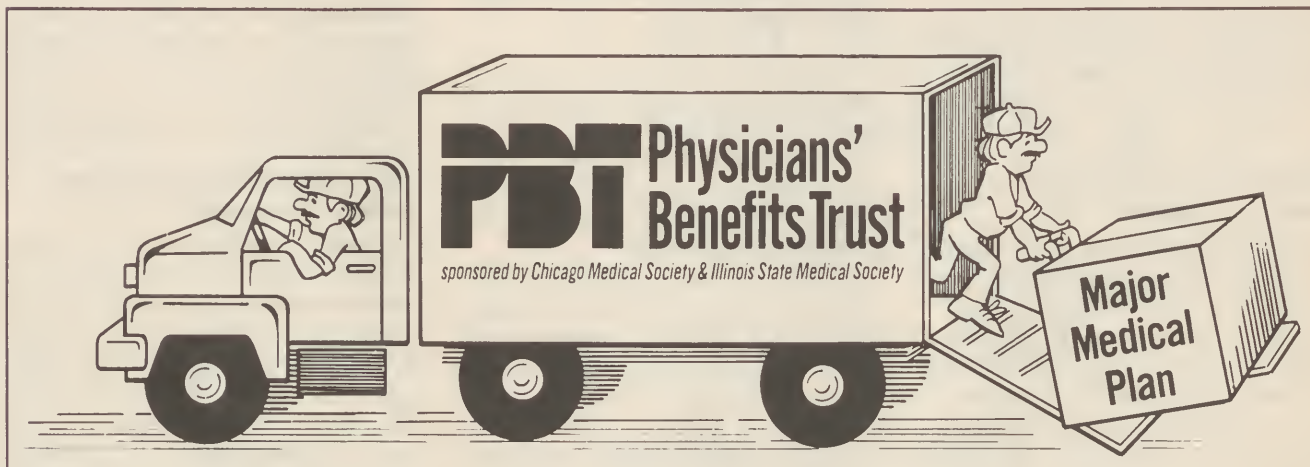


If you're a physician who has completed training in any of these disciplines — Anesthesiology, Otorhinolaryngology, General Surgery, Thoracic Surgery, Orthopedic Surgery, Neurosurgery or Emergency Medicine — you could become a part of the Army Reserve, serving near home at times convenient to you, and take part in the Army Reserve's Health Professionals Loan Repayment Program that pays as much as $20,000 in medical school loans.

To find out more about the Health Professionals Loan Repayment Program and all of the other advantages of serving your country at home in the Army Reserve, call collect or write:

MAJ H. RUBIN OR
CPT C. DAWSON
(708) 541-3644 (Collect)

BE ALL YOU CAN BE.
ARMY RESERVE



Just What the Doctors Ordered*

Get a truck load of value from the Chicago Medical Society & Illinois State Medical Society.

Major Medical Benefits

- Choose your own physician & hospital
- No Pre-certification or second opinion required
- $1,000,000 Medical, Hospital & Physician Benefits
- Covers expenses in and out of the hospital
- Choice of Deductibles: $300, $500, $1,000, $2,000 or $3,000
- Guaranteed acceptance for applicants under age 41
- Plan pays 80%, you pay 20% up to the Out-Of-Pocket Limit
- $3,000 Out-Of-Pocket (includes deductible & 20% co-payment)
- No deductible for out-patient surgery
- Covers Home Health Care, Nursing Home and Hospice
- Covers mental, nervous, alcoholic and drug disorders
- Maternity covered as an illness
- Covers doctors, employees and families
- One-year rate guarantee

. . . Plus other great benefits!

*Preferences based on focus group studies of member physicians conducted by Physicians' Benefit Trust.

For information or to enroll, call toll free:
(800) 621-0748
Or mail coupon:

Send information and an enrollment form for the ***Major Medical Plan*** sponsored by my medical society.
I also am interested in the other plans I have checked.

- ☐ Excess Major Medical
- ☐ Medicare Supplement
- ☐ Hospital Indemnity
- ☐ Dental
- ☐ Long Term Disability
- ☐ Term Life
- ☐ Accidental Death & Dismemberment
- ☐ Personal Umbrella
- ☐ Office Overhead
- ☐ Office Benefits Program

Name: _____
Practice Name: _____
Address: _____
Street: _____
City/State/Zip: _____
Telephone: _____

ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

ISMS and hospital physician assistance programs intervene on behalf of doctors

by Janice Rosenberg

HELPING IMPAIRED physicians receive treatment and return to medical practice is the goal of every physician assistance program; and helping establish physician assistance programs in hospitals is a further step that can maximize the help available to doctors who need it.

Both these topics were on the agenda February 10, when the Illinois State Medical Society's hospital medical staff section (ISMS-HMSS) held its fifth annual meeting at ISMS headquarters in Chicago.

Jere Freidheim, M.D., chair of the risk management committee of the Illinois State Medical Inter-Insurance Exchange and past president of the medical staff at Mercy Hospital, told how Mercy formed its physician assistance committee. Violet M. Eggert, M.D., medical director of the ISMS physician assistance program, highlighted ISMS' efforts to help troubled doctors.

ISMS program paves the way for hospital-based programs

Since it was established in September 1987, the ISMS program has handled the cases of 150 impaired physicians. The program, Dr. Eggert explained to conference attendees, deals with problems of substance abuse, psychiatric disability, physical disability, sexual disorder and dual diagnosis.

Prior to that, ISMS had aided impaired physicians through a committee of physician volunteers established in 1975. Dr. Eggert's full-time attention to physician assistance formalized the avenue for help. While the program is available to all Illinois physicians through a 24-hour "Physician Help Line" (312-580-2499), Dr. Eggert stated emphatically that individual hospitals must now establish their own physician assistance committees.

Currently, few Illinois hospitals have fully active physician assistance committees, Dr. Eggert said. "We are finding an increasing number of physicians contacting our program. Often these are medical directors or vice presidents of medical affairs with questions on how to handle the problem of a physician reported with an alleged impairment."



Jere Freidheim, M.D.: Let's get programs into hospitals

Dr. Eggert encouraged physicians to begin working with hospital legal counsel to develop the medical staff bylaws necessary for establishing hospital programs. "The purpose of starting your own committee," she said, "is to fulfill medical staff responsibilities for provision of competent patient care, to investigate reports of alleged physician impairment, to bring a truly sick or suffering physician into treatment, and to assume monitoring and case management responsibility for him or her."

Physicians starting committees at individual hospitals first need to determine the committee's mission. The most effective committee must be highly visible and strictly nonpunitive. It must educate hospital staff members on the early signs of psychological and substance abuse impairment, remain absolutely confidential so that people will feel free to report alleged incidents of impairment, and work to see that those incidents are clearly documented.

Intervention is key

According to Dr. Eggert, when a committee determines that a physician is in fact troubled, "A slap on the wrist and a directive to go get help is not enough." The committee must organize an intervention. An intervention is a caring confrontation between the impaired physician, an intervention leader such as Dr. Eggert, and those individuals who have personal knowledge of the physician's problems. Dr. Eggert offered hospital medical staff representatives present at the meeting the services of ISMS intervention teams to help with intervention training, emphasizing that hospital committees should not treat impaired physicians. Their goal should be to help such physicians enter treatment and return to effective medical practice.

Mercy Hospital develops its own assistance committee

Following Dr. Eggert's presentation, Dr. Freidheim described the formation of Mercy's physician assistance committee, where a "Professional Assistance Committee" has been in place for a year-and-a-half. "Putting together a committee is very difficult," Dr. Freidheim told attendees. "As physicians, we are a little paranoid; and if we think anyone is checking on our behavior, that makes us more paranoid."

As medical staff president, Dr. Freidheim worked to establish the committee when he saw impaired physicians not getting help. He called a special staff meeting and asked Dr. Eggert to attend. "She pointed out that our preliminary medical staff bylaws looked very discipline-oriented," said Dr. Freidheim. "We planned to have on the committee the president of the medical staff and someone from administration. She told us that wasn't a good idea, because these people are involved in discipline and thus have a conflict of interest."

Dr. Eggert's recommendation is that each hospital committee have a minimum of three members; all should be respected members of the community. She suggests that a recovering physician be appointed to the committee, one who is willing to let others be aware of their recovery. Following Dr. Eggert's suggestions, Dr. Freidheim appointed a three-member committee comprised of a recovering substance abuser, the head of the hospital's substance abuse program, and a general surgeon who had been an outspoken critic of starting a physician assistance committee at Mercy.

Hospital committee duties

Mercy's committee breaks its duties down into four parts: assistance, access, intervention, and feedback. "In the medical staff bylaws, we stressed that this is not a disciplinary committee," said Dr. Freidheim. "We tried to publicize that it is a delegated body for people to come to with complaints and rumors."

According to Mercy medical staff bylaws, if the committee determines reports on a particular physician's impairment are serious, one or two committee members confront the physician. They will then help the physician get into diagnostic and therapeutic programs. Once the physician is in treatment, the committee keeps in contact with the treatment provider to be sure that the physician is sticking with the treatment. When treatment is completed the committee will work with the physician to get him or her back into practice.

Despite the various problems he has faced in starting Mercy's committee, Dr. Freidheim hopes that those who attended the HMSS meeting will be encouraged to start committees at their own hospitals. Recently, more hospitals have called for Dr. Eggert's help in forming committees. "Once they see how it works on our level, they can see how it would work on their level. Then we can work together," she said. "If we do not do something within our hospitals, if we don't start to find an avenue for helping these physicians, I am afraid the government will take it over." ▲

LOYOLA UNIVERSITY CHICAGO

Loyola Law School's Institute for Health Law is now accepting applications for its fifth Master's of Jurisprudence in Health Law class. Loyola's Masters of Jurisprudence is a 30-credit degree offering designed to provide health professionals with an understanding of core legal subject areas and a wide range of health law topics. Special health law course offerings are provided in regulatory, business, medical liability, public health and policy areas. Applications are being accepted until April 1 for classes beginning in June, 1990. For more information write or call:

Institute for Health Law
Loyola University School of Law
1 East Pearson Street
Box 54
Chicago, IL 60611
(312) 915-7174

ISMS Physician Help Line 312-580-2499

Are you—or a physician friend or medical family member—troubled by chemical dependency, alcoholism, physical or mental problems? Are you having problems dealing with the stress of everyday practice? The PHYSICIAN HELP LINE is a confidential, physician-directed advocacy service, linking mentally or physically impaired physicians and their families with helpful resources.

Call the PHYSICIAN HELP LINE when someone you know needs help. 312-580-2499.

Anabolic steroid abuse prompts Illinois legislation and education

ANABOLIC STEROID abuse has become so widespread in recent years that efforts are underway in Illinois to stop it, especially among professional and amateur athletes, and to educate young people on dangers. Anabolic steroids are artificial doses of the male sex hormone testosterone.

New legislation on steroid abuse took effect January 1, 1990. Sponsored by Rep. Louis Lang (D-Skokie) and Sen. Howard Carroll (D-Chicago), the Steroid Control Act reads in part, "No person shall manufacture, dispense, deliver, possess with intent to deliver, prescribe or administer any anabolic steroid for any use in humans other than the treatment of disease in accordance with the order of a physician for a valid medical purpose in the course of professional practice."

The Act further states, "The use of anabolic steroids for the purpose of hormonal manipulation that is intended to increase muscle mass, strength or weight without a medical necessity to do so, or for the intended purpose of improving physical appearance or performance in any form of exercise, sport or game is not a valid medical purpose."

Individuals who violate the law may be imprisoned from one to three years and fined up to $50,000, according to the Act's provisions.

DASA implements education program

Last September, Governor James R. Thompson signed legislation amending the Illinois School Code to provide education for teens about anabolic steroid abuse.

The Illinois Department of Alcoholism and Substance Abuse (DASA) formed a steroid education committee which is now working with various organizations, including the Illinois State Medical Society (ISMS), to develop a program to educate all seventh through 12th grade students about steroids.

Tom Green, DASA's chief of communications, said the education program includes a public awareness campaign of press kits and posters. He added that a brochure written for the general public containing steroid information will be distributed to junior high and high schools statewide this month. A physician's handbook containing more detailed information on steroid abuse will be available in several months.

Steroid education: tricky to enforce

Physicians involved in steroid education are struggling with how to best reach young people on this tricky subject. "The problem is that steroids work. So we have to teach these kids they've got to be the best they can without doing it so fast and so quick," said Jeffrey C. Sunderlin, executive director of the Governor's Council on Health and Fitness. "It's going to take a collective effort to temper that."

"While education is necessary, it can also be counterproductive," said Richard Dominguez, M.D., a Carol Stream orthopedic surgeon specializing in sports medicine and arthroscopic surgery. "I've talked to many school assemblies and educators, and when we talk to students, we have to be honest. We tell them if they use steroids, they're more likely to get cancer, their hair is going to fall out, they're going to get acne and become impotent. But we also have to tell them we believe this stuff works."

At the same time, Dr. Dominguez added, "If you tell an athlete, 'We'll give you this pill, it's going to kill you in two years, but if you take it, you're going to win the Olympic gold medal,' they'll take it."

"Education efforts need to be aimed at stopping people before they use it because it's psychologically addicting, mind altering," he said.

ISMS policy opposes the use of hormones, drugs and blood transfusions solely to improve athletic performance.

"Because of the potential health hazard of steroid use, the [ISMS] sports medicine committee is actively reviewing steroid use in athletes and the possibility for statewide testing among athletes, particularly at the high school level," said H. Bates Noble, M.D., an orthopedic surgeon from Barrington who chairs the committee and served as former Chicago Bulls team physician.

Dr. Dominguez said, "Outside of treating dwarfism, impotence or use in chemotherapy, there are no legitimate uses for anabolic steroids in healthy people. I've never known anyone to have prescribed them in my 19 years of practice."

He added, "Anabolic steroids work for men who are powerlifters and weight lifters, but there's no proof they really help in the performance of teenagers at all. There is absolutely no question that in certain adolescents, it will stunt growth."

School sets precedent

In December, the District 233 School Board in Harvey set a precedent by approving the state's first random drug testing plan for high school athletes. With the help of Ingalls Memorial Hospital in Harvey, Homewood-Flossmoor High School began testing 15 students each week for drugs and alcohol January 22. In addition, two of 277 of the school's athletes are being randomly tested weekly for steroid use. Homewood-Flossmoor is the only high school in District 233.

"We have no evidence of any steroid abuse in our school," said District 233 Superintendent Edward Rachford, Ph.D. "But steroid use has circulated a lot faster through the adolescent culture than adults were aware of, and we have an obligation to tell not only students, but also parents about the danger."

"The fact that there is something out there that's going to make us stronger and faster chemically is not American," said Jeffrey Gilles, M.D., Rockford College team physician for the college and several area high schools. "Our country holds our athletes at such high esteem, but if the athletes we hold in such esteem have gotten there chemically, that tarnishes the reputation of our athletic role models." ▲



The steroid education program includes this poster.

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

FROM THE ILLINOIS **NEWS** DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

MAY 1989

A petition to restore the medical license of Sinisa M. Princevac, 5011 N. Lincoln Ave., Chicago, was dismissed after he unsuccessfully petitioned the Department for restoration.

The summary suspension of Urduja Pulido's, 216 N. 12th St., Murphysboro, physician and surgeon license was modified. The modification will allow her to practice medicine under the following conditions: (1) She shall be allowed to examine patients in her office and prescribe noncontrolled substances; (2) she shall be allowed to deliver babies only in a hospital; (3) she shall be allowed to prescribe controlled substances and conduct procedures requiring the use of ultrasound upon obtaining hospital privileges; and, (4) other conditions will apply as detailed in the "Stipulation of the Parties."

The physician and surgeon license of Andrew B. Pundy, 64 Old Orchard, Skokie, was suspended for six (6) months to be followed by two (2) years' probation after his relationship with a female patient was found to constitute unprofessional conduct.

The physician and surgeon license of Thomas R. Cox, Jr., 3704 Azalean Dr., Chattanooga, TN, was indefinitely suspended after his Texas medical license was suspended.

The physician and surgeon license of Lawrence J. Beuret, 1614 W. Central Rd., Arlington Heights, was suspended for sixty (60) days, placed on two (2) years' probation, and fined twenty-five hundred dollars ($2,500). His controlled substance license was suspended for two (2) years after he continued to prescribe Centrax in increasing amounts for over two (2) years without cautioning the patient about the drug's addictive properties or cautioning the patient as to drinking while taking the drugs.

JUNE 1989

The physician and surgeon license of Wilfredo L. Buen, M.D., 3525 W. Hirsch St., Chicago, was suspended for thirty (30) days, placed on probation for two (2) years, and fined three thousand ($3,000) dollars after he pleaded guilty to receiving kickbacks from Gran-Cal Medical Laboratory.

The physician and surgeon license of William J. Hagstrom, Jr., 7600 W. College Dr., Palos Heights, was reprimanded and fined fifteen thousand dollars ($15,000) after he practiced medicine without a valid controlled substances license for at least five (5) years.

The physician and surgeon license of Cornelio Ang, 1057 W. Argyle, Chicago, was reprimanded and fined one thousand dollars ($1,000) after he failed to renew his controlled substances license, due July 31, 1987 until April 12, 1988.

The physician and surgeon application of Myung Surh, 39 Northern Terr., Gloversville, NY, was denied after he failed to answer the Department's notice of intent to deny licensure.

The physician and surgeon license of Janina Langiewicz, 1973 Lake Lansing Rd., Haslett, MI, shall be issued upon payment of licensure fees after he successfully completed Illinois licensure requirements.

The physician and surgeon license of William G. Conrad, 21 Preserve Dr., Nashua, NH, was issued on five (5) years' probation while he continues recovery from addictive drugs.

The physician and surgeon license of Harry T. Grossman, 550 W. Surf, Chicago, was issued on five (5) years' probation while he continues recovery from alcohol and drugs.

The physician and surgeon license of Henry Gross, 624 NE Glen Oak, Peoria, was placed on probation for two years (2) and fined five thousand dollars ($5,000) after he supervised an employee who performed as a physician's assistant but was not licensed as one.

The physician and surgeon license of Ernesto P. Panlilio, 18 W 075 73rd St., Westmont, was suspended for ninety (90) days, after which he shall be placed on probation for two years (2) and fined four thousand dollars ($4,000) after he accepted a four hundred dollar ($400) kickback from a laboratory for referring work to it.

The physician and surgeon license of Jeffrey B. Johnson, 1623 Colonial Pkwy, Inverness, was reprimanded and fined one thousand dollars ($1,000) after he practiced medicine on a nonrenewed license from July 31, 1987 until March 3, 1988.

JULY 1989

The temporary physician and surgeon license of Semyon Maslovsky, 2632 Pauline, Glenview, shall be issued on indefinite probation after he completed his court ordered probation.

The temporary physician and surgeon license of Ahmad F. Zegar, 9842 Circle Pkwy., Palos Park, was issued on probation after he was alleged to have committed unprofessional examinations on female patients.

The temporary physician and surgeon license of Jeffrey P. Wilwert, 1314 N. Main St., Decatur, was approved on three (3) years' probation while he continues treatment for an adjustment disorder with depressed mood problems.

The physician and surgeon and controlled substance licenses of Terry K. Kushner, 333 N. Madison, Joliet, were restored without restriction after he successfully petitioned the Department.

The physician and surgeon and controlled substance licenses of Rochus Stiller, 110 N. McLean Blvd., Elgin, shall be voluntarily surrendered after a consent order to that effect was approved by Director Stephen F. Selcke.

The physician and surgeon and controlled substance licenses of Edgar M. Corral, 7603 Bellfort Blvd., Houston, TX, were revoked after he pleaded guilty to unlawful delivery of a controlled substance in Texas District Court.

The physician and surgeon license of Herbert M. Hershey, 1000 Grand Canyon Pkwy., Hoffman Estates, was reprimanded for failure to exercise the required skill and care required in the treatment of a patient.

The physician and surgeon license of Shankar Raman, 701 Gail Ln., Absecon, NJ, was issued on five (5) years' probation while he continues recovery from alcoholism.

The physician and surgeon license of Charles E. Thomas, 1883 Abbottson St., Carson, CA, was indefinitely suspended after he pleaded guilty to two (2) felony counts of violating California Health and Safety Code.

The physician and surgeon license of David K.D. Rhee, 7944 Palm Ct., Orland Park, was indefinitely suspended after he failed to respond to a Department complaint alleging gross negligence.

The physician and surgeon license of Rosita S. Hernandez, 6538 N. Trumbull, Lincolnwood, was reprimanded and fined one thousand dollars ($1,000) after she aided a physician assistant in the unlicensed practice of medicine.

The physician and surgeon license of John D. Greeson, 40 N. Tower Rd., Oak Brook, was issued on indefinite probation after it was found his Florida medical license had been placed on probation.

AUGUST 1989

The physician and surgeon license of Loren B. Henley, 566 Windsor Ln., Batavia, was reprimanded and fined twenty-five hundred dollars ($2,500) after he practiced while his license was nonrenewed from July 31, 1987 until June 7, 1988.

The physician and surgeon license of Edward C. Hayward, 7211 S. Wolf Road, Indian Head Park, was placed on two (2) years' probation to be commenced at any time in which he enters the State of Illinois and reactivates his license after his Florida license was disciplined.

The physician and surgeon license of Harry M. Crystal, 111 N. Wabash Ave., Chicago, was reprimanded after he maintained inadequate patient records pertaining to the care and treatment of one of his patients.

The physician and surgeon license of Paul K. Feldman, 218 MacArthur, Willowbrook, was issued on five (5) years' probation wile he continues his substance abuse program.

The physician and surgeon license of Cheryl R.E. Sutton, 423 W. Court, Paris, was reprimanded and fined twenty-eight hundred dollars ($2,800) for failure to keep her medical license in active and renewed status from July 31, 1987 to July 14, 1988.

The physician and surgeon license of Wilbert C. Streeter, 9635 Saric Ct., Highland, IN, was reprimanded after he advertised his services in the State of Illinois using patient testimonials in his advertisements.

The physician and surgeon license of Bashicahmed M. Ameji, 111 Main St., Paintsville, KY, was placed on twelve (12) months' probation and fined four thousand dollars ($4,000) after he was convicted of submitting fraudulent claims to the Kentucky Medical Assistance Program.

ORTHOPEDIC SURGEONS: BROADEN YOUR EXPERIENCE.



Your time and talent are valuable. They're valuable to the Army Reserve, too. We'll pay you for a small fraction of your time, not only in money, but with big opportunities and challenges you won't find in civilian practice.

- You'll have flexibility in how and when you participate.
- You'll be offered conferences and continuing education.
- You'll have opportunities for military training in areas like Advanced Trauma Life Support, Parachuting, Flight Medicine and Mountaineering.
- You'll work with top, dedicated professionals.
- You'll have the rank and privileges of an Army officer.

If you want more information about the Army Reserve, or if you would like to talk to an Army Reserve physician, our experienced Army Medical Counselors can assist you. Call collect or write:

MAJ H. RUBIN OR CPT C. DAWSON
(708) 541-3644 (Collect)

BE ALL YOU CAN BE.®
ARMY RESERVE

The physician and surgeon license of Manohar L. Jethani, 3916 S. Harlem Ave., Lyons, was suspended for thirty (30) days (August 4, 1989 through September 2, 1989) and fined seventy-five hundred dollars ($7,500) after he allowed another person or organization to use his license to sell and distribute TENS units.

An order indefinitely suspending the physician and surgeon license of William Mangio II, 653 N. 15th St., Philadelphia, PA, has been vacated and the matter will proceed to hearing.

The physician and surgeon license of Nasrullah M. Basha, 9204 S. Commercial, Chicago, was reprimanded after he was negligent in a surgical procedure.

The physician and surgeon license of Ronald A. Distelhorst, 105 S. Roselle Rd., Schaumburg, was reprimanded and fined fifteen hundred dollars ($1,500) after he engaged in the nonlicensed practice of medicine for approximately one (1) year.

The physician and surgeon license of John W. Ovitz, Jr., 204 W. Elm St., Sycamore, was placed on eighteen (18) months' probation after the manner in which he performed a liver biopsy constituted gross negligence. He shall not perform or assist in the performance of any surgical or invasive procedures and may only be present in the operating room as an observer.

The physician and surgeon license of James G. O'Donnell, 2209 W. Cermak, Chicago, shall be restored on three years' probation after he takes the Special Purpose Examination and achieves a score acceptable to the medical coordinator.

SEPTEMBER 1989

The physician and surgeon license of Byron B. Jay, P.O. Box 224, Commerce City, CO, was suspended for one (1) year to be followed by five (5) years' probation after his Colorado medical license was disciplined.

The physician and surgeon license of Leonard N. Newmark, 777 S. New Ballas Rd., St. Louis, MO, was placed on three (3) years' probatin after his Missouri license was disciplined.

The physician and surgeon license of Demetrios J. Giokaris, 4937 N. Fairfield, Chicago, shall be restored on three (3) years' probation after he completes educational programs and passes test detailed in the "recommendation for settlement."

The physician and surgeon license of Randendra B. Ghosh, 1310 Washington Ave., Alton, was reprimanded and fined fifteen hundred dollars ($1,500) after his Illinois license expired and was not renewed until June 1, 1988, and he continued to see patients for one half (1/2) day each week.

The physician and surgeon license of Lalitkumar V. Patel, 2601 W. Main, Carbondale, was placed on one (1) year's probation after his state of New York license was disciplined.

The physician and surgeon license of Michael T. Pruchnicki, 261 Herrick Rd., Riverside, was reprimanded and fined one thousand five hundred fifty dollars ($1,550) after he practiced while his license was expired from August 1, 1987 until July 28, 1988.

The physician and surgeon license of George F. Landman, P.O. Box 70, Tucson, AZ, was surrendered after his Arizona license was disciplined.

The physician and surgeon license of Sergio M. Acosta, 135 S. Kenilworth Ave., Elmhurst, was voluntarily surrendered after his California license was disciplined.

The physician and surgeon license of Antonio Camacho, 6715 Kingswood Dr., Willowbrook, shall remain revoked after he unsuccessfully petitioned the Department for restoration.

The physician and surgeon license of Neil G. Aronson, 6120 N. Lincoln, Chicago, was reprimanded after he refused to transfer a patient's medical records as required by law.

The physician and surgeon license of Werner Leibold, 251 N. Main St., Canyonville, was placed on indefinite probation after his Oregon license was disciplined.

The physician and surgeon license of Robert G. Hickerson, Jr., 104 S. Broad St., Knoxville, was reprimanded and placed on six (6) months' probation after he issued controlled substances prescriptions longer than necessary for therapeutic purposes.

The physician and surgeon license of Eve-Marie Alexandre, 318 W. Madison, Maywood, was suspended for four (4) months to be followed by three (3) years' probation and fined eight thousand dollars ($8,000) after she aided the unlicensed practice of medicine regarding the prescribing and dispensing of TENS units.

The physician and surgeon license of Marshall A. Minner, 1410 7th St., Moline, was indefinitely suspended after the Department charged he acted in an unprofessional manner in his interactions with female patients.

The physician and surgeon license of Chris C. Christopher, 1 Georghios Markides St., Ayll Omoloyitae Nicosia, Cyprus, shall voluntarily surrender his license to practice medicine in the state of Illinois after he and the Board of Medical Examiners for the state of Wisconsin entered into a stipulation and order in which he agreed to voluntarily surrender to practice medicine on December 10, 1986. He moved to Cyprus in 1978.

The physician and surgeon license of David A. Stumpf, Childrens Memorial Hospital, Division of Neurol., 2300 Childrens Plaza, Chicago, was reprimanded and fined three thousand ($3,000) dollars after he inadvertently failed to renew his medical license.

The physician and surgeon license of Joseph L. Giarchino, 2101 N. 78th St., Elmwood Park, was placed on five (5) years' probation and his controlled substances license was indefinitely suspended after he and the Department reached an agreement for restoration. The licenses were previously under summary suspension since June 4, 1987.

The physician and surgeon license of Felizardo Belga, 5635 N. Sacramento, Chicago, was reprimanded and fined three thousand five hundred dollars ($3,500) after he allowed someone not in his employ and not under his direct supervision to demonstrate and dispense a TENS unit to patients.

The physician and surgeon license of Mary Carruthers, 510 Sheridan Rd., Winnetka, was placed on probation for two (2) years and she shall have to limit her practice to a specified amount of duties, after it was found she may be suffering from a physical impairment which keeps her from practicing medicine in all its branches with reasonable skill, safety, or judgment.

The physician and surgeon and controlled substances licenses of Young S. Koo, 6429 Kennedy Ave., Hammond, were placed on one (1) year's probation and fined one thousand five hundred dollars ($1,500) after the Department charged he improperly examined a femal epatient and issued prescriptions without a current Illinois controlled substances license.

The physician and surgeon and controlled substances licenses of Ludmilla M. Slutsky, 2715 W. Estes, Chicago, were indefinitely suspended after she inappropriately prescribed controlled substances, failed to adequately examine patients, or render an appropriate treatment plan.

OCTOBER 1989

An order to vacate and remand was signed by Robert C. Thompson, Acting Director, in the case of Antonio Camacho, 6715 Kingswood Dr., Willowbrook. The case was remanded to the Medical Disciplinary Board to conduct a hearing on Petitioner's Motion for rehearing which was received by the Department on August 8, 1989.

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

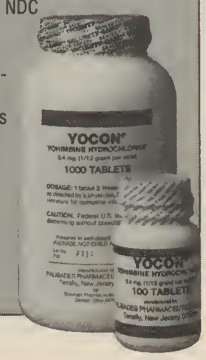
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by The Hardy Group, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

News Capsules

Earth Day 1990

"Think globally, act locally" is the motto of the 20th anniversary celebration of Earth Day, the largest single environmental event in human history. The first Earth Day, which occurred on April 22, 1970, gave millions of Americans the opportunity to voice their concern about ecological devastation, and to promote awareness of the need to protect planet Earth. First conceived as a nationwide "teach-in," Earth Day has had direct effects upon such legislation as the Clean Air and Water Acts and the banning of DDT.

On April 22, 1990 in Chicago, a major celebration is expected to draw over 100,000 participants. EarthDay '90 Chicago, the planning committee for activities in northeastern Illinois, is recruiting community professionals to help make the anniversary a success. Illinois doctors and other medical professionals are being asked to join the "Donate a Day" program. The project asks that doctors donate the proceeds of one day to Earth Day programs. Proceeds from the "Donate a Day" program will allow EarthDay '90 Chicago to fund educational and public awareness events, increase their volunteer base, and support hands-on demonstrations such as recycling and composting.

Those interested in contributing to Earth Day 1990, or in joining the "Donate a Day" program, should contact EarthDay '90 Chicago at (312) 321-8088.

Recognition award

The American Medical Association (AMA) is encouraging physicians in Illinois to apply for AMA physician's recognition awards for continuing medical education. The program promotes participation in continuing medical education and is a means of recognizing individuals who complete such programs. Certificates are provided for one, two, or three years of effort, making it possible for physicians to report completed education to the AMA and other organizations requiring reporting at different intervals, such as the state licensing board. The award also indicates to patients that physicians are making efforts to stay abreast of recent developments in medicine. For further information, contact Arthur Osteen, Ph.D. at AMA, (312) 645-4677.

Members in the news

"Doctor of the Year" honors for 1989 went to **Christine Cassel, M.D.** of Chicago, for her work promoting a better understanding of the broad and complex issues facing an aging society. The award was presented by Lura Lynn Ryan, wife of Lieutenant Governor George H. Ryan. Dr. Cassel, who is chief of general internal medicine at the University of Chicago's Pritzker School of Medicine, is nationally renowned for her work with senior citizens, and has written more than 100 articles and co-authored six books on geriatrics . . . **Leo M. Henikoff, M.D.** of Wilmette was elected president of Alpha Omega Alpha (AOA), the national medical honor society. Dr. Henikoff, president and chief executive officer of Rush-Presbyterian-St. Luke's Medical Center, has been a member of AOA since 1961, and has served on the national board of directors since 1979, most recently as vice president. AOA was founded in 1902, and is the only national medical honor society in the world.

The American Medical Association's Board of Trustees has appointed **Arvind K. Goyal, M.D.** of Itasca to its advisory committee on foreign medical graduates (FMGs). An ISMS trustee, Dr. Goyal is one of seven FMGs chosen from around the country who will serve on the committee for two years. The committee provides information to both the AMA board and staff on policy matters and program activities concerning graduates of foreign medical schools. . . . **Alexander J. Jablonowski, M.D.** of Elgin has been appointed to the board of directors of the Association of Air Medical Services as medical director. Dr. Jablonowski, medical director of the Lifeline Emergency Helicopter Service of St. Anthony Medical Center in Rockford, served as a general medical officer in the U.S. Navy, and was the emergency physician designated to serve former President Gerald Ford during his 1976 Chicago visit. ▲

AMA launches 'Health Access America' to strengthen system

AN AMBITIOUS new sixteen-point plan unveiled by the American Medical Association (AMA) calls for reform of the U.S. health care system to assure access to care for the nation's 33 million uninsureds. "Health Access America," formally announced March 7 in a Washington news conference, "presents a basic challenge for society . . . whether it is willing to pay for access to coverage by all citizens," according to the plan's introduction.

The campaign's points are highlighted below. For more information, contact AMA at 312-645-4400.

1. Reform Medicaid to give adequate benefits to all those below the poverty level.

2. Require employers to offer health insurance to all full time employees and their families; create tax incentives and state risk pools to help small business afford such coverage.

3. Create state risk pools to cover the medically uninsurable and others for whom insurance is unavailable or too expensive.

4. Reform Medicare to avoid its future bankruptcy. Offer catastrophic benefits, funded through individual and employer tax contributions.

5. Expand long term care financing through tax incentives to encourage private insurance; offer personal assets protection and Medicaid coverage for those below the poverty level.

6. Enact medical malpractice reforms to reduce health care costs driven by defensive medicine and liability insurance.

7. Develop practice parameters to assure high quality, appropriate care.

8. Alter the tax treatment of employee health care benefits to reward those who make economical health care insurance choices.

9. Reduce costs through proposals encouraging cost conscious decisions by patients.

10. Seek innovation in insurance underwriting aimed at reducing costs.

11. Maintain quality through expanded federal support for medical education, research and the National Institutes of Health.

12. Encourage health promotion and disease prevention by physicians and patients.

13. Amend ERISA or the federal tax code to equalize treatment for self-insured (ERISA) plans and state-regulated health insurance policies.

14. Repeal or override state-mandated benefits laws while assuring through legislation that adequate benefits are provided in all insurance.

15. Seek reductions in the administrative and paperwork costs of health care delivery.

16. Encourage physicians to practice in accordance with the highest ethical standards and to provide voluntary care. ▲

OPEN TO ALL PHYSICIANS

PHI RHO SIGMA
CENTENNIAL CELEBRATION
Chicago, Illinois
The Swiss Grand Hotel

Scientific Meeting
Saturday, April 7, 7:00 a.m. - 5:15 p.m.
Theme "Health Promotion and The Prevention of Disease"
Co-Chairman: Tom Petty, Denver, and Meng Tan, Halifax

7:00 - 8:00	Registration and Coffee	
8:00	Welcome and Introduction	Tom Petty, Moderator AM
8:05	Preventing and Minimizing Heart Disease	Robert Roberts (Houston)
8:45	Preserving the Myocardium by Surgery	Gerald Rainer (Denver)
9:25	Preventing Anesthetic Accidents	James Arens (Galveston)
10:05	Coffee Break	
10:35	New Developments in Hemophilia	James Corrigan (Tuscon)
11:15	Early Diagnosis in Ovarian Cancer	James Neisler (Toledo)
12:00 - 1:30	Luncheon and Medalist Address "The Future of Health Care Delivery in The United States"	Steve Beering (West Lafayette)
1:30	Welcome to Afternoon Session	Meng Tan, Moderator PM
1:40	Dealing With Stress in Medicine	Deborah Allen (Indianapolis)
2:30	How to Eat Healthy	Meng Tan (Halifax)
3:20	Coffee Break	
3:40	Smoking Cessation for Health	Tom Petty (Denver)
4:30	The Prevention and/or Enjoyment of Aging	James Webster (Chicago)
5:15	Adjourn	

7 Category I credit hours have been approved by Northwestern University for this program.

PHI RHO SIGMA
Centennial Celebration

Yes - Please register me for the Continuing Education Program

Name _____

Address _____

_____ Zip Code_____

Phone ( ) _____

I will attend: Yes No

CME program & luncheon ($35) _____ _____

Celebration Banquet at 7PM following the CME program ($50) _____ _____

Check enclosed for $_____.

Make checks payable to Phi Rho Sigma.

Yes No

Please make my hotel reservation at the Swiss Grand _____ _____

Accommodations requested _____

Arrival Date _____

Date Departure _____

Mail this form to:

Shirley E. Schlessinger
Mgr. Phi Rho Sigma CME Program
400 E. Randolph Drive, Suite 1015
Chicago, IL. 60601
312-527-2011

New rules to regulate abortion clinics

by Kevin O'Brien

ABORTION CLINICS will be referred to as pregnancy termination specialty centers (PTSCs) under a new regulatory scheme developed by the Illinois Department of Public Health (IDPH) to implement provisions of the consent decree in the proposed settlement of the controversial *Ragsdale et al v. Turnock et al* case.

Proposed amendments to the Ambulatory Surgical Treatment Center (ASTC) rules pertaining specifically to abortion clinics were approved in January by the ASTC licensing board. If and when U.S. District Court Judge John Nordberg issues a ruling approving the *Ragsdale* settlement, IDPH will file the amendments as both emergency and proposed rules. Filing the amendments as emergency rules will permit IDPH immediately to begin regulation of abortion clinics throughout Illinois for the first time since 1985.

Abortions within the first 18 weeks of pregnancy and related procedures are to be the only ones permitted in PTSCs, and these procedures must not use general, epidural or spinal anesthesia. If intravenous sedation is used, mechanical ventilation devices and intubation equipment will have to be available on site.

The proposed rules do away with many ASTC regulations that Nordberg deemed onerous for abortion clinics when he enjoined IDPH from enforcing the regulations in 1985. Rules regarding room size, minimum corridor widths, elevators, ventilation requirements, recovery areas and public areas have been eliminated or modified for PTSCs, although such rules for ASTCs will remain in force. As with ASTCs, PTSCs will still need to obtain a certificate of need to be licensed.

Abortion clinics will be referred to as pregnancy termination specialty centers (PTSCs) under a new regulatory scheme developed by the IDPH.

Under the new rules, physicians practicing in PTSCs will be required to have admitting privileges at a hospital within 15 minutes of the facility, or have a written agreement with another physician who does have privileges, and who will assume responsibility for any patients who may be hospitalized.

The proposed amendments are to govern only those abortions performed in PTSCs. Rules regarding abortions performed in physicians' offices, which are governed by changes in the ASTC regulations that became effective November 1, 1989 (see *Illinois Medicine,* November 10, 1989), remain unaffected. ▲

Ragsdale

(continued from page 1)

versial nature of the case, he wanted to give people who felt deeply about the issue "a chance to be heard." Although he promised to rule in writing as soon as possible, he did not say when he would do so.

Nordberg told the assembly that since the November 22 settlement announcement (see *Illinois Medicine,* December 8, 1989), he had received at least 1,330 letters, two telegrams, and more than 150 recorded telephone calls, and had engaged in more than 200 telephone conversations about the settlement; and that he had "read every single submission of every kind in connection with the case."

Echoing sentiments that objectors would express during the hearing, Nordberg said most of the communications urged rejection of the settlement, which was the subject of intense negotiations last fall. He said those urging rejection cited several reasons, including permitting the case to go to the Supreme Court.

Ragsdale stays silent

Dr. Ragsdale has refused all comment in recent months while his attorneys battled to prevent the potentially precedent-setting case from reaching the U.S. Supreme Court. He was not called on to speak during the hearing, nor would he comment after, allowing Connell to speak for him. Instead, he sat passively listening during the two-and-a-half-hour proceeding.

Connell, urging approval, said the settlement preserves Illinois women's right to broad access to safe abortions, and permits the Illinois Department of Public Health (IDPH) to regulate abortion clinics for the first time since 1985. When Nordberg issues his ruling, IDPH will file new emergency and proposed regulations that, among other things, establish a new classification within the Ambulatory Surgical Treatment Center (ASTC) regulations pertaining specifically to abortion clinics (see story this page).

Settlement objectors included Americans United for Life (AUL), which filed a motion on behalf of Illinois state's attorneys from Ogle, Hancock, Warren and Henderson counties to defer a ruling on the settlement until AUL attorneys can investigate what transpired during the settlement negotiations.

As a result of Dr. Ragsdale's 1985 suit, Nordberg enjoined IDPH from enforcing provisions of the ASTC regulations pertaining to abortion clinics. When Nordberg's decision was upheld by the Seventh U.S. Court of Appeals, the state decided to appeal to the Supreme Court.

But at the behest of pro-choice forces, who feared *Ragsdale* was an ideal vehicle for overturning the landmark 1973 *Roe v. Wade* case legalizing abortion throughout the U.S., settlement talks aimed at precluding a high court hearing began last August. Dr. Ragsdale's ACLU attorneys, lawyers for Illinois Attorney General Neil Hartigan's office and the Cook County State's Attorney, and representatives of IDPH and the Illinois Department of Professional Regulation (IDPR) were principal parties to the talks. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Family physician—well-equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating, etc. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone—(618) 285-6634.

Twenty-nine physician multispecialty clinic located in desirable east central Wisconsin location is seeking board certified or board qualified orthopedic surgeon to round out its services. Lab, x-ray, excellent hospital. Liberal guarantee and benefits. If interested contact D.F. Sweet, M.D., Fond du Lac Clinic, S. C., 80 Sheboygan Street, Fond du Lac, Wisconsin 54935.

Family practitioners, East Central Illinois. Immediate openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice (group or solo). Attractive support package including benefits. Small, friendly community of 10,000, family oriented environment. Service area of 30,000 people. Located three hours from both Chicago and St. Louis, 90 minutes from Indianapolis, Ind. Exceptional recreational, cultural, and educational opportunities. Modern, well-equipped, 49-bed, JCAH accredited facility. Contact: John M. Dillon, Administrator, Paris Community Hospital, East Court Street, Paris, IL 61944; (217) 465-4141.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Medical center seeking physicians to work part time or on a time share office arrangement in the following specialties: gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Sue Shidler, Administrator, 1455 Golf Road, Suite 204, Des Plaines, IL 60017-2237 or call 708/390-9300.

Healthline Physician Services, an affiliate of St. Louis University Medical Center, is recruiting for an emergency department medical director and staff physicians at Hannibal Regional; Hannibal, Missouri. Growth oriented program in historic Missouri river town. Good compensation, benefits, paid liability. Part-time/locum tenens also available. Contact Gerry Liebmann Healthline Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, Missouri 63108; 1-800-443-3901.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparoscopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

HealthLine Physician Services, affiliated with St. Louis University Medical Center, has full-time opportunities for the following specialties: BC family practice, BC pediatrics, BC or BE internal medicine. Income guaranteed, no capital investment. HealthLine also has part-time/full-time emergency medicine, clinic, locum tenens positions throughout the St. Louis area and nearby central/southern Illinois. Paid malpractice, flexible schedules, no call, no overhead; challenging medicine. Contact: Gerry Liebmann, HealthLine Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, MO 63108. 1-800-443-3901.

Meyer Medical Group, 28 physician primary care group with offices in S.W. Chicago and Orland Park seeking board certified/board eligible physicians from good programs in OB/Gyn, internal medicine, and peds. Write to Medical Director, Meyer Medical Group, 10444 S. Kedzie Ave., Chicago, IL 60655.

Family practitioner-physician, preferably BC/BE to join solo family physician in southwestern Illinois. Computerized, organized, very high collection rate. P.O. Box 655, Granite City, IL 62040.

Ob/Gyn—family practice—general surgery—inter-nal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc.; 12724 N. Maplecrest Lane; Mequon, WI 53092; 1-800-243-4353.

Missouri family practice group seeks fourth physician, BC or BE, for historic community with two private colleges, near major university and medical center. Beautiful area. Recreation and cultural activities. Guarantee and other benefits. Reply in confidence to Mary Murphy, Jonas Physician Search. 1-800-544-6728.

Nationwide practice opportunities. All specialties. Fees paid by clients. Call: Wanda Parker, E.G. Todd Associates, Inc., 535 Fifth Avenue, Suite 1100, New York, NY 10017. 800/221-4762, or 800/599-6200.

Cardiologist. Developing second group of cardiologists for 50,000-plus Kentucky city. Private hospital will provide beautiful office space, income guarantee and other benefits. The community offers four colleges, a midwestern atmosphere, and a host of family activities including indoor ice arena, symphony orchestra, and excellent golf. Call Dawn O'Steen at 800-526-3644 or write E. G. Todd Associates, 3475 Lenox Road, Suite 435, Atlanta, GA 30326.

Regional orthopedic practices. Lucrative orthopedic practices available with several midwestern regional medical centers. Unique opportunities with highly competitive start up compensation packages which include income guarantees, paid malpractice and moving allowance along with additional desirable benefits. These are modern facilities with excellent peer association and up to date surgical equipment. Several locations available! Call Gwyneth Anderson at 800-221-4762 or write to E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

Internist for Nebraska. A growing regional medical center in Nebraska seeks an internist to complement a group of highly qualified peers. Modern, progressive hospital will purchase equipment as needed. Competitive compensation package includes malpractice. Regional community for recreation, culture and shopping. Call Gwyneth Anderson at 800-221-4762. E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

Emergency medicine positions available throughout Illinois and Indiana. Part-time, full-time and medical director opportunities in various settings from low-volume emergency departments to high-volume trauma centers. Physicians earn competitive hourly rates and are offered the best malpractice insurance in the industry. No on-call duty or overhead office expenses. Call Joan E. Logel, Spectrum Emergency Care, 1-800-325-3982, ext. 3087 or 314/878-2280, ext. 3087.

Radiologist for midwest. Progressive hospital in Kansas with CT scan, mobile ultrasound and mammography seeks radiologist. Income guarantee provided. Projected revenues exceed $200,000. All insurances paid. One hour from two cities with both offering cultural and educational amenities. Call Gwyneth Anderson at 800-221-4762. E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

Family practice and pediatric clinic opportunity in Belleville, Illinois, 15 minutes from St. Louis. Clinic hours 8am-10pm with patient appointments at 15 minute intervals. Competitive hourly reimbursement with monthly overage potential based on individual performance. Excellent lab, x-ray and back-up in most areas. Part-time and full-time openings available. For more information contact Ben Hatten, Spectrum Emergency Care, P.O. Box 27352, St. Louis, MO 63141, or 1-800-325-3982, ext. 3004.

Anesthesiologist BE/BC to join established group. Opportunities include private practice, fee-for-service and supervision of CRNA's. Experience in pain management desirable. Send CV to Cynthia Alexander, M.D., 221 N.E. Glen Oak, Peoria, IL 61636.

Internist/ob/gyne/family practice—position is available July, 1990. Accredited ambulatory care facility provides medical services to student clientele. Full-time, 11 month position, competitive salary/benefit package and 40 hour week. Qualifications: M.D./D.O. degree, ability to obtain Illinois license, current DEA registration, and board eligible/certified. Search continued until position filled. Contact Glenn Weiss, M.D., Medical Director, Student Health Service, Illinois State University, Normal, IL 61761; 309/438-8655. Women and minorities are encouraged to apply. Affirmative Action/Equal Opportunity Employer.

Emergency physician—Illinois, Freeport—MESA. Full-/part-time opportunities for physicians board prepared/certified in emergency medicine at this level II trauma center with 15,000 ED visits/year. Professional compensation includes malpractice insurance and bonuses related to unit profits. For full-time physicians, compensation also includes immediate comprehensive benefit package or discretionary full-time physician bonus paid quarterly in lieu of benefits the first year. MESA is a physician-owned and -managed emergency medicine group with 25 years of experience. For additional information, please call Patricia Nuccio, Medical Emergency Service Associates, S.C., 15 S. McHenry Road, Buffalo Grove, IL 60089; 708/459-7300.

Emergency physician—Illinois, Dixon—MESA. Full-/part-time opportunities for physicians experienced in emergency medicine at this paramedic resource hospital and newly built ED with 10,000 visits/year. Professional compensation includes malpractice insurance and bonuses related to unit profits. For full-time physicians, compensation also includes immediate comprehensive benefit package or discretionary full-time physician bonus paid quarterly in lieu of benefits the first year. MESA is a physician-owned and -managed emergency medicine group with 25 years of experience. For additional information, please call Patricia Nuccio, Medical Emergency Service Associates, S.C., 15 S. McHenry Road, Buffalo Grove, IL 60089; 708/459-7300.

Psychiatrist. Progressive mental health center in central Illinois. Pleasant community/attractive salary. Contact Annashae Corporation, 6593 Wilson Mills Road, Cleveland, OH 44143-3404; 800/245-2662.

Central Illinois—immediate opening for Illinois licensed primary care physician. Pleasant community/professional environment. Contact Annashae Corporation, 6593 Wilson Mills Road, Cleveland, OH 44143-3404; 800/245-2662.

Southwest Illinois. Position available for an Illinois licensed primary care physician. Pleasant professional environment. Contact Annashae Corporation, 6593 Wilson Mills Road, Cleveland, OH 44143-3404; 800/245-2662.

Cardiologist—invasive/non-invasive, BC/BE, wanted June/July 1990 to join busy two-physician internal medicine practice located in northern Illinois. Excellent salary and benefits. Send vitae/resume to Box 2168, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family physicians needed to join Carle Clinic in Mattoon, Illinois, a university community of 23,000. Two family physicians are needed in multi-specialty clinic. This clinic serves a seven county area with a unique blend of agriculture, industrial, and professional population. Liberal fringe benefits; salary leading to equal ownership, malpractice coverage. If interested, please write including CV, to Robert C. Parker, Jr., M.D., 602 West University, Urbana, IL 61801, or call collect at 217/337-3417.

Family physicians: BC/BE wanted for branch clinics in thriving communities. Branch physicians are part of a large multi-specialty group practice in central Illinois which provides financial, administrative, educational, and medical specialty support. Liberal fringe benefits; malpractice coverage, and salary leading to equal ownership. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, 602 West University, Urbana, IL 61801.

Chicago—seeking director, full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795, or in Michigan 1-800-632-3496.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Avenue, Champaign, IL 61820.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Family practice. Affluent Chicago suburb—busy, growing practice needs BC/BE family physician for 7/90. Four person call rotation. No OB. Recently moved to new, multispecialty building with excellent support services including CT. Location perfect for families with top school system. Competitive salary and generous benefit package. Partnership possible after two years. Send letter and CV to Box 2167, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Cardiologist, board certified/board eligible, wanted for well established cardiology-internal medicine practice in Northwestern Illinois. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2158, c/o *Illinois Medicine,* 20 North Michigan Avenue, Suite 700, Chicago, IL 60602.

Full-time general practitioner and pediatrician needed in the Champaign, Illinois area. You will have patients scheduled in 15-minute intervals. Reimbursement is based on a fee-for-service contract with a minimal guarantee. Excellent occurrence based insurance, and CME/relocation allowance. If you would like to work Monday through Friday, 8am to 5pm, this is the opportunity for you. Please contact Ben Hatten, Spectrum Emergency Care, P.O. Box 27352, St. Louis, MO 63141, or 1-800-325-3982 ext. 3004.

Primary care physician: Marshfield Clinic is seeking a primary care physician to join its expanding seven-member emergency medicine department. Emergency medicine, urgent and ambulatory care, plus supervision and training of ER staff contribute to a very stimulating practice environment. More than 26,000 ER visits and 13,000 ambulatory care visits annually. Marshfield Clinic is a private group practice consisting of 350 physicians representing all surgical and medical specialties and is physically adjacent to Saint Joseph's Hospital, a 525-bed acute care teaching facility. Send curriculum vitae to: John P. Folz, Assistant Director, Marshfield Clinic, Marshfield, WI 54449 or call collect at 715/387-5181.

General internist: Marshfield Clinic is seeking BE/ BC general internists to join its 30 member section in Marshfield and three expanding regional centers in northwestern and north central Wisconsin. An internal medicine residency program, University of Wisconsin Medical School affiliation and Medical Research Foundation contribute to a very stimulating practice environment. Positions offer strong economic stability combined with exceptional recreational, cultural, and educational opportunities. Starting salaries up to $92,000 with salary in two years up to $116,400. Fringe benefit package is outstanding. Send CV to: David L. Draves, Director Regional Development, 1000 North Oak Avenue, Marshfield, WI 54449, or call collect at 715/387-5376.

Maglio & Company, Inc., Physician Search, presents excellent practice opportunities in your home state and the midwest to physicians in all specialties. No fees to physician candidates; hospitals, clinics, etc., pay our retained fees. Free CV service. Call toll free for more information, 1-800-999-4731, or send CV to Jackie Laske, Maglio & Company, Inc., 450 North Sunnyslope Road, Brookfield, WI 53005.

Minnesota—lakes and trees. Family physician to join five others in progressive multi-specialty group including internal medicine and surgery. Outstanding 42 bed district hospital with 130 bed long term care facility. Excellent schools and services with easy access to metro area. Guaranteed salary, full benefits, and bonus. Position available immediately, for confidential consideration and further information, contact: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect: 612/454-7291.

Looking for an associate to run an established primary care practice with an option to take over the practice in a few months. Call 815/786-9767.

Internist—great opportunity! Very busy, young solo internist seeking ambitious associate. Family oriented community on Lake Winnebago with a population of 40,000. No HMOs or PPOs. A unique opportunity for someone who is genuinely interested in internal medicine and in its subspecialties. An interest in critical care would be of importance. Send CVs to Michael Sergi, M.D., 14 North Main Street, Fond du Lac, WI 54953.

The Department of Family and Community Medicine, University of Illinois College of Medicine, Rockford, is expanding and seeks applications for full-time clinical faculty as instructors in family practice residency or undergraduate ambulatory care teaching facilities. Responsibilities include teaching, patient care and research. ABFP board certified/eligible. Teaching and practice experience preferred with OB optional. Salary/rank commensurate with experience. Competitive salary/fringe benefits. Inquiries and CV to L.P. Johnson, M.D., 1601 Parkview Avenue, Rockford, IL 61107. For fullest consideration submit application by July 1, 1990. The University of Illinois is an equal opportunity affirmative action employer.

Established rapidly growing 20 MD multi-specialty group in historic midwest city seeks additional family physician, IM/gastro, OB and orthopod. Signing bonus, outstanding income potential, low buy-in, lovely lifestyle, Triple A school system, four year college, and many recreational activities. Contact, in confidence, Cheryl Broderick, 508/688-9063 (collect). E.G. Todd is a physician search firm with opportunities nationwide in all specialties. All inquiries confidential. Fees paid by clients, not physician candidates.

Family physician and general surgeon sought for lovely growing NE Indiana town. Join existing practices or enjoy solo with coverage. Forty miles from major city, this community offers both rural and city advantages. Excellent income guarantee and benefits, progressive modern hospital with young medical staff and low malpractice. Contact, in confidence, Cheryl Broderick, 508/688-9063 (collect). E.G. Todd is a physician search firm, with opportunities nationwide in all specialties. All inquiries confidential. Fees paid by clients, not physician candidates.

Family practice program director. Fully accredited family practice residency program in ethnically diverse urban community hospital seeks residency trained, board certified family physician with interest in clinical care, teaching, grant management, and administration for position of program director. Residents are from ethnically diverse backgrounds in this 8-8-8 residency program. Active undergraduate education program for medical students exists. Competitive salary and fringe benefits. Interested candidates should have experience in directing mature program or be an associate director ready to advance. Submit CV to Maruti S. Bhorade, M.D., Chairman, Search Committee, Saint Mary of Nazareth Hospital Center, 2233 W. Division, Chicago, IL 60622.

Family practice, radiology, OB/gyn, internal medicine, oncology/hematology, non-invasive cardiology and other specialties needed for small and mid-sized towns in New Mexico and the sunbelt and intermountain regions. Excellent facilities and competitive remuneration packages combine with good schools, outdoor recreation and beautiful locations to provide a quality lifestyle. All inquiries are fully confidential. Call Phyllis or Bruce Moffitt at 505/898-1114, or send CV to CPS, PO Box 1163, Corrales, NM 87048.

Southern Illinois: family life, outdoor recreation, university environment and traditional values available to physicians at Memorial Hospital in Carbondale, IL. A 153-bed facility, this level II trauma center treats 13,000 patients annually. Compensation includes hourly base, benefits and opportunities for extra income based on performance for qualified physicians. Emergency Medical Care, Inc. provides physician coverage and management support. Chesterfield, MO based EMC has for 12 years delivered professional services with highly qualified emergency medicine physicians. Contact: Jerry Thurman, D.O., 618/549-0721.

Chicago, IL—Emsco Management Services currently staffs eight emergency departments and four ambulatory care facilities within the metropolitan Chicago area. If you would like to become a member of a group committed to excellence, please call or send your CV for immediate consideration to: Diane Temple/Terie Cook, 907 N. Elm St., Suite 301, Hinsdale, IL 60521, A/C 708/654-0050.

Rheumatologist: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE rheumatologist to join a department of three BC rheumatologists. Two year guarantee plus comprehensive benefit package offered. This area, which encompasses Appleton, Neenah, and Oshkosh with a combined population of 300,000-plus, offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln Street, Neenah, WI 54956; 414/727-2702.

Minneapolis/Saint Paul and surrounding communities offer practice opportunities for specialists in: cardiology, dermatology, geriatrics, internal medicine, neurology, obstetrics and gynecology, oncology, ophthalmology, orthopedic surgery, pediatrics, rheumatology, surgery, locums. Contact: LifeSpan Health Care Services, 800 East 28th Street, Minneapolis, MN 55407; 612/863-4193, ask for Jerry Hess.

OB/gyn, family practitioners, internists, pediatricians, orthopedists and general/vascular surgeons: Immediate group/solo opportunities in Arizona (Phoenix, Tucson, and rural communities) and other western states. Numerous excellent positions also available throughout United States. All inquiries confidential. Mitchell & Associates, Inc., P.O. Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

Michigan lake shore: Join successful FP group on campus of premier critical care hospital in community of 110K. Competitive compensation package. Midwestern hometown lifestyle with resort recreation. Wide patient mix and supportive, progressive practice environment. Contact Therese O'Brien, Tyler & Company, at 404/641-6411.

Illinois: near Springfield. Another OB/gyn needed to join group. 36,000 population, 650 deliveries, 160-bed hospital with group office on campus. Sound economy, recreational lake, excellent schools. Salary, office and all benefits, partnership. Call Walter Smith: 800/221-4762 or (collect) 212/599-6200.

Situations Wanted

General practice and general surgery. Seeking position solo practice in GP/GS, sponsored by a JCAH Hospital, not HMO. Illinois license, American Board eligible in surgery. Available now. Write: 10 Cottonwood, Apt. 811, Canyon, TX 79015.

Academic neurologist, EMG/neuromuscular subspec. interested in part time consulting. Medical groups, hospitals, insurance, industry. Provide full details in your reply. Box 2165, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician recruiter available to hospitals in the Chicago metro and northern Illinois and Indiana areas. Reply to Box 2164, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board certified primary care physician with 15 years of clinical and administrative/management experience seeks position in management and/or administrative areas. Extensive experience in the managed care area including network development, utilization, and medical quality cost management. In depth knowledge in all areas of alternate delivery systems. Excellent interpersonal, communicative, and organizational skills. Reply to Box 2166, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family-practitioner seeking part-time positions. Reply to Box 2048, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Arlington Heights, Illinois: General office space available. 475-920 square feet. Ideal space for counseling center, psychiatrist or psychologist. Excellent location at Palatine Highway and Arlington Heights Road. Please call Jean Kulavic at 708/441-8236 for an appointment.

Historic 17-room home 40 minutes from downtown Chicago. Faces country club and features 3-room master suite w/fireplace, commercial kitchen, 5-car garage, security system. For private showing, call only Rita Clark at Coldwell Banker/Santefort-Naughton: 708/957-0600 or 708/799-4719.

Used medical equipment. Two examination tables, EK-8 EKG machine, wall mounted blood pressure instrument and many small items. Call 217/932-4425.

Exceptional primary care practice. Tired of city hassle, traffic disasters; come to the quiet lakeside city of St. Joseph, MI. Office completely equipped, staffed, computerized. Near good hospital. 3000 active patients, no HMO or Medicaid. Excellent collections. $70,000, terms. Call evenings. 616/429-4422 or write: Doctor's Office, P.O. Box 157, Stevensville, MI 49127-0157.

Miscellaneous

Published writer and author's editor with 10 years experience on RSNA, AMA, and leading specialty journals will ghostwrite clinical articles, edit symposia proceedings and manuscripts. Please direct inquiries to Marjorie Pannell, P.O. Box 803423, Chicago, IL 60680-3423; tel. 312/241-7015.

$5,000-$60,000: For physicians unsecured signature loans. Available for debt consolidation, investments, tuition, relocations, purchase of medical practices or any need including taxes. Level payments up to six years. No prepayment penalty. For application call toll free: 1-800-331-4952, Dept. 114, Medi-Versal.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

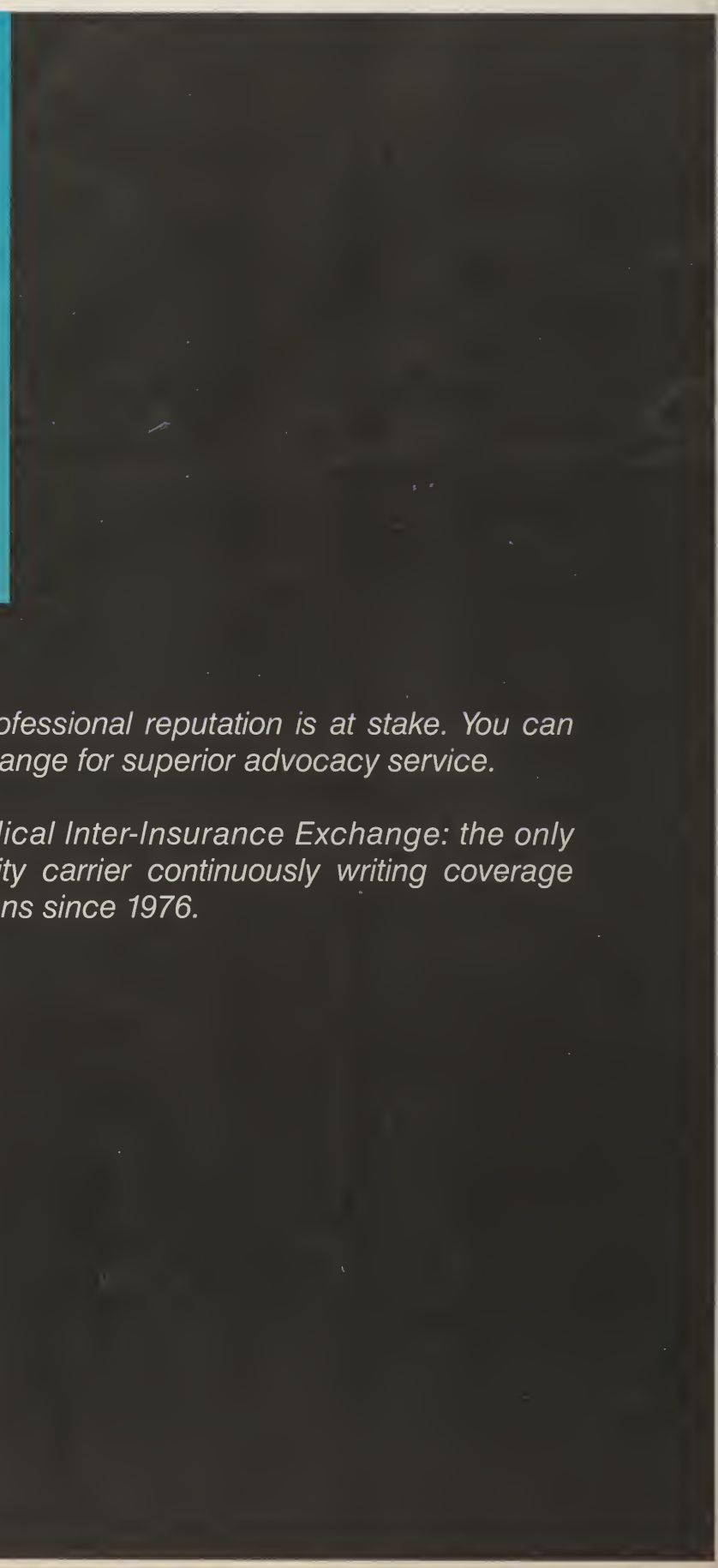
Medical billing, insurance filing: we provide fast, accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMO's or private insurance please contact LNJ Automated Data Services, 834 E. Rand Road, Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

FOR A QUALITY

DĒFENSE

THE EXCHANGE BUILDS A STRONG DEFENSE TEAM WITH THE PHYSICIAN DEFENDANT, DEFENSE COUNSEL AND EXCHANGE STAFF.



We know your professional reputation is at stake. You can count on the Exchange for superior advocacy service.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians since 1976.

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

41 IL117L
V.2 NO.7 1990
C.DI--------SEQ: 5M0063691
TI: ILLINOIS MEDICINE

Kids speak their minds on Doctors' Day . . . 14

Illinois Medicine

March 30, 1990

ILLINOIS STATE MEDICAL SOCIETY

ANNUAL MEETING 1990

ILLINOIS STATE MEDICAL SOCIETY • FOUNDED 1840 •

150

ILLINOIS PHYSICIANS' endorsed gubernatorial candidate will address the Illinois State Medical Society's (ISMS) House of Delegates meeting on April 7, during its annual policy-making session April 6-8, at the Westin O'Hare Hotel in Rosemont. And the organization will help inaugurate celebrations of its 150th anniversary, with a birthday luncheon April 7 sponsored by the Illinois State Medical Inter-Insurance Exchange, ISMS' affiliated insurer.

Following an April 5 ISMS Board of Trustees meeting, ISMS delegates from throughout the state will consider a variety of policy and procedural issues to be resolved by the organization.

After opening ceremonies and procedural approvals, interested members will have the opportunity to observe, debate and testify at reference committee hearings on proposed resolutions. Comprised of ISMS delegates, these committees evaluate and summarize points made in debate on each resolution. They then draft recommendations for House debate and action during the next two days. The reference committee system enables ISMS to give fair hearing to the 63 resolutions proposed this year as amendments to the Society's present policies or as actions to be implemented.

Among the variety of resolutions

(continued on page 9)

Med students get match results

by Kevin O'Brien

AMID WHOOPS of joy and tears of frustration, medical students at seven Illinois schools on March 21 received the envelopes telling them where they would be doing their graduate residencies during the 1990-91 year.

Of the 1,303 positions offered in 47 Illinois hospitals, medical centers and other programs, 978 positions, or 75 percent, were matched, according to the 1990-91 National Resident Matching Program (NRMP) official results. Interestingly, there were also 978 positions matched in 1989, although there were only 1,241 positions offered last year.

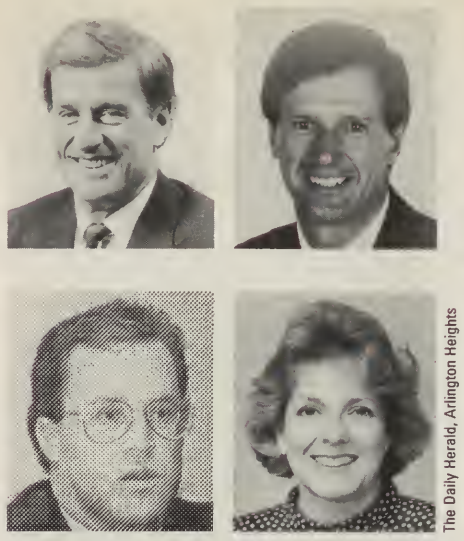
According to NRMP, there are three reasons why some programs may not have filled their quotas: in some cases an applicant preferred other programs having vacancies, the applicant did not rank a program, or the applicant had withdrawn from the match.

(continued on page 18)



Wm. Daniels/The Photo Partners

Two Rush Medical School students brace for the opening of the match letters March 21 (left); and one gets good news (right). Among Chicago's largest residency programs, Northwestern matched 95 percent of its positions, the University of Chicago matched 91 percent, and the University of Illinois matched 55 percent. Downstate, Southern Illinois University matched 58 percent.



Kathy Richland

Press Publications

The Daily Herald, Arlington Heights

Winnetka attorney Richard Phelan (far left) swept past three competitors to gain the Democratic nomination for the Cook County Board presidency; while Chicago-area suburbanites (clockwise) Vincent Persico, Rosemary Mulligan and Dan Cronin upset incumbents to get Republican nominations in their legislative districts. Winners of the Democratic and the Republican primaries will face off in the general election November 6.

Illinois primaries yield Edgar victory, legislative surprises

SECRETARY OF STATE Jim Edgar and Attorney General Neil Hartigan emerged victorious and ready to battle one another for the governor's office when the polls closed March 20 on Illinois' primary elections; while in Illinois General Assembly races, challengers in the Chicago suburbs defeated long-term friends of organized medicine.

Edgar, who was endorsed by the Illinois State Medical Society Political Action Committee (IMPAC), defeated conservative opponent Steven Baer, and Robert A. Marshall, M.D., a radiologist and trustee for the Village of Burr Ridge. With 89 percent of the vote counted, Edgar held 63 percent of votes cast, compared to 34 percent for Baer and 4 percent for Dr. Marshall. Baer's anti-tax/anti-abortion stance brought out more of the conservative vote than some observers had expected, but not enough to threaten Edgar's lead. Meanwhile, Hartigan ran unopposed in the Democratic primary.

Chicago attorney Richard Phelan fought off three other candidates for the Democratic Party nomination for Cook County Board president, after a high-profile primary campaign that had been called negative and personal. Phelan took 39.5 percent of the votes cast in that race, while R. Eugene Pincham, a former judge, took 31.9 percent. State Sen. Ted Lechowicz, endorsed by the county's regular Democratic organization, and Cook County Clerk Stanley Kusper trailed far behind, with 19.8 percent and 8.8 percent, respectively.

The new Cook County Board president will presumably have influence over the future course of Cook County Hospital, recommendations

(continued on page 18)

In this issue

Daley, Dr. Ring address clinical conference 2
On the legislative scene 3
Case in point 6
Studies assess Hispanic care in Chicago 7
Hospitals kick the habit 8
Doctors' TV images 10
Insurer psychologist use spreads to Chicago 11
Non-MD approved for Chicago health commissioner 11
Group or solo practice? 12
Public health report 15

********** 3 DIGIT SCF 208
0319 IM
NATIONAL LIBRARY OF MEDICINE
TSD - SERIALS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

Daley, Dr. Ring address CMS clinical conference

by Kevin O'Brien

PRIVATE-PUBLIC partnerships in health care delivery, and the individual physician's role in influencing the future of medicine, were two themes stressed respectively by Chicago Mayor Richard M. Daley and American Medical Association (AMA) Board of Trustees Chairman John J. "Jack" Ring, M.D. at the recent annual Chicago Medical Society (CMS) Midwest Clinical Conference.

About 750 physicians, mostly from Cook County, attended the March 9-11 conference at the Chicago Hilton and Towers. Daley was the keynote speaker for the public service award luncheon, during which Northbrook physician Lawrence L. Hirsch, M.D. received the 1990 CMS public service award. Dr. Ring addressed the conference's general session the next day.



Lawrence L. Hirsch, M.D., (right) received the public service award from CMS President Ulrich F. Danckers, M.D.

Stressing a major theme of his administration, Daley urged development of partnerships between public health services and the private sector, especially physicians. "Public/private partnership is the key to quality health care," Daley said. The mayor cited the recent opening of the city's Roseland Neighborhood Health Center, and its relationship with nearby Roseland Community Hospital, as an example of such cooperation.

Calling the ongoing Chicago and Cook County health care summit "an exciting, demanding process," Daley expressed confidence that summit recommendations would effectively address the county's public health care delivery problems, including poor access for the medically indigent and inadequate reimbursement for physicians. He also said there "eventually has to be a plan" for national health insurance.

Physicians have power to define future

During Saturday's general session, Dr. Ring urged physician involvement in solving the problems facing medicine. "The people who hold the real power in defining the future of medicine are each of you," he said.

Dr. Ring warned that a variety of trends will combine to create an increasingly uncertain health care environment throughout the country. These include increased cost pressures; the need for effective methods to evaluate quality of care; medical technology advances; demographic changes and geographic shifts affecting long-term care; physician supply increasing faster than U.S. population growth; increasing governmental role in health care, with attendant politicizing of health issues; and unexpected realignments of components in the health care system.

He exhorted his colleagues to read and support "Health Access America," the AMA's new 16-point plan for improving health care access for the uninsured and underinsured in the U.S., as one way to help influence the future of medicine. "Health Access America is doable," Dr. Ring said, "because its cornerstone is the very foundation of America: individual's freedom of choice." ▲



Wm. Daniels/The Photo Partners

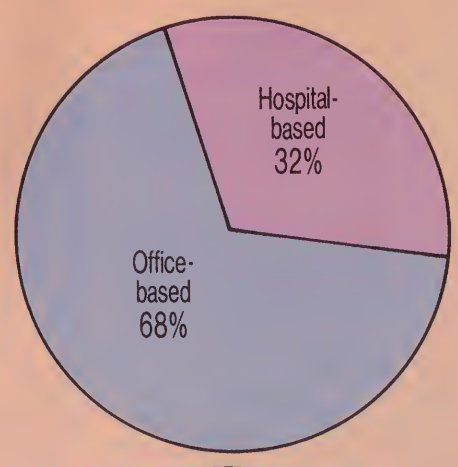
Mayor Richard M. Daley called the summit "an exciting, demanding process."

Physician Facts

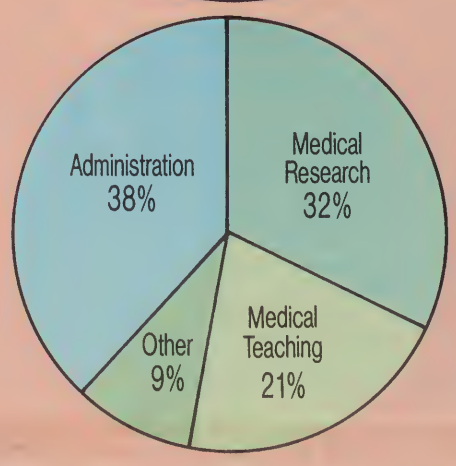
Doctors' Day: March 30, 1990

Who Are Your Peers?

22,589 Physicians in Patient Care



1,849 Physicians in Other Professional Activities



Total Illinois Practicing Physicians: 24,438

Source of Data: American Medical Association, as of March 6, 1990.

State should take a page from business in Medicaid management, report says

by Kevin O'Brien

THE STATE SHOULD adopt managed care options and other cost-management techniques utilized by business in order to get a handle on rising Medicaid costs, says a recently released Illinois State Chamber of Commerce report.

The report, "Perspectives On Application of Business Health Cost Management Techniques to Medicaid," says the need for efficiency in the Medicaid program is heightened by the sizeable segment of the state budget that goes for medical programs, $2.1 billion in FY '90, or 18 percent of all general revenue funds.

The state should "establish a long-term game plan to manage costs" by developing "a system where providers manage the process of care delivery efficiently," the report states. This can be achieved by "shifting the focus and resources to primary care and medical services in the most appropriate setting."

Kathleen Kustra, director of the Illinois Department of Public Aid (IDPA), which administers Medicaid, welcomed the Illinois Chamber's report. "The business community has been ahead of government in terms of its innovative approaches in controlling costs without hurting access," Kustra said. She added that she hoped meetings with Illinois Chamber representatives could be scheduled "to see what kinds of approaches may or may not work in state government."

Using as a model the Illinois competitive access and reimbursement (ICARE) program, which reimburses hospitals on a contractual basis for treatment of Medicaid patients, the report recommends the state expand its contractual relationships to avail itself of various services networks already developing in the private sector, such as pharmacy services, transplant services, and psychiatric and substance abuse services. For example, establishing networks of hospitals specializing in bypass and transplant procedures, the report says, would promote improved quality and administrative efficiencies, while containing costs.

The state should also consider implementing such managed care techniques as pre-certification of hospital care, admission review, judicious retrospective review, and case management to identify potentially expensive cases early, the report says.

Current fee and capitation structures should be reevaluated to ensure competitiveness, and the state should bargain for the best deals. Incentives should be provided for hospitals specializing in more complicated procedures. While recognizing the Medicaid population is in generally poor health, the report says that physician fee structures should be restructured to encourage effective case management.

But, the report says, "Doctor shopping should be discouraged." Instead, its authors advocate emulating health maintenance organizations (HMOs) by establishing a "gatekeeper" model to require use of a primary physician in order to access the system.

"Quality care is cost effective care," the report says. Efforts should focus on "customer orientation in partnership with the providers" so that "inappropriate and over-utilized services" can be identified. The report advocates a system where inpatient care is the exception, because the "onus is on the provider to show cause as to why hospitalization is necessary, not why outpatient or home care may be a viable alternative." ▲

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

On the Legislative Scene

by Caryl Carstens



House committees have cleared the way for consideration of a number of bills held over from the last legislative session. Some Senate bills have also been introduced or reintroduced.

Optometrists and drugs . . . Legislation allowing optometrists to use therapeutic drugs in treatment of patients is once again headed for action in the House. H.B. 2211, whose major sponsor is Rep. E. J. "Zeke" Giorgi (D-Rockford), was opposed by ISMS and the Illinois Association of Ophthalmology last year, and put on the study calendar of the House Consumer Protection Committee. However, optometrists are mounting a major push to release the bill for renewed consideration during the 1990 session.

Birthing centers . . . Already removed from study and sent to the House Executive Committee for consideration is the proposed Birth Center Licensing Act, H.B. 1705, sponsored by Rep. Barbara Flynn Currie (D-Chicago). H.B. 1705 would prohibit the operation of unlicensed birthing centers, following the establishment of an Illinois Department of Public Health-administered Birth Center Licensing Board.

Midwifery practice . . . Legislation to license lay midwives has been revived for consideration by the House Human Services Committee. The sponsor of H.B. 1740 is Rep. David Phelps (D-Eldorado). The Illinois State Medical Society (ISMS) opposes the bill.

Medical x-rays . . . ISMS-opposed legislation sponsored by Rep. Gordon Ropp (R-Bloomington), directs that physicians not allow a radiologist to read a patient's x-rays unless he or she has the patient's written consent. Under H.B. 2560, the physician would be responsible for the radiologist's fee if patient consent wasn't received.

Social worker reimbursement . . . Another attempt to require direct payment of clinical social workers by insurance companies had been included in legislation previously introduced in the Senate. The primary sponsor of S.B. 1510 is Sen. Emil Jones (D-Chicago). The same measure is being sponsored in the House as H.B. 2933 by Rep. Richard Mautino (D-Spring Valley). ISMS opposes direct reimbursement to clinical social workers.

The legislation includes a licensed clinical social worker among the professions which may be chosen by a patient for treatment. It says accident and health insurance policies must include a provision for mental health treatment and services, but also stipulates that provision for such services must not be part of the services the insured must buy.

Abortion . . . New abortion restrictions have been proposed in legislation for consideration this spring. Language restricting the use of fetal tissue in medical research is also expected to be reintroduced as part of new legislation; ISMS opposes such restrictions.

H.B. 3023, introduced by Rep. John McNamara (D-Oak Lawn), would prohibit abortion of a viable fetus unless continuation of the pregnancy would result in the death of the woman or "substantial and irreversible impairment of a major bodily function of the woman."

Illinois' current law allows abortion of a viable fetus "to preserve the life or health of the mother."

Lottery prizes and trauma centers . . . New legislation seeks to tap unclaimed Illinois lottery prizes to finance trauma centers and emergency medical services providers. Sponsors of H.B. 3053 include Reps. Nelson Rice, Jesse White, Jr., Donne Trotter and Barbara Currie, all Chicago Democrats.

Three-fourths of the unclaimed prize money would be placed in the Emergency Medical Services Fund to be paid out to trauma centers and emergency medical services providers. The remaining one-fourth would be included in the lottery prize pools for special drawings.

Hysterectomy brochure . . . New legislation (S.B. 1560) sponsored by Sen. Margaret Smith (D-Chicago) would require that physicians make available a pamphlet outlining various alternatives to having a hysterectomy. Sen. Smith has unsuccessfully sponsored similar legislation in the past. ISMS has traditionally been opposed to published guidelines recommending standards of care. ▲

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

MANAGING HEALTH CARE IN THE 1990'S

During the 1980's, we at Blue Cross and Blue Shield of Illinois (BCBSI) have felt strongly that our products and programs have addressed the concerns of our subscribers with the spiraling cost of health care in a most efficient and reasonable manner. Our managed care programs, which include HMO Illinois, and Preferred Provider Option (Hospital PPO) and our Medical Services Advisory Program (Utilization Management Program), have gained wide provider and patient acceptance while effectively controlling costs. These managed care products along with our traditional physician payment programs and utilization review programs place BCBSI in the best position to address the managed care needs of Blue Cross and Blue Shield of Illinois' subscribers and dependents in a contructive fashion. At present, BCBSI is by far the state's largest health insurer, with over 2.6 million people in Illinois insured (more than 1.6 million are involved in some type of managed care program). The trend toward managed care programs is obviously not going to disappear and, many businesses will continue to seek solutions to containing costs by working with insurers and providers in Illinois.

These concerns coupled with the possibility of national health insurance are very significant to insurers and health care providers alike. Therefore, together we must act responsibly to ensure that a government solution will not be the solution of choice to contain health care costs.

BCBSI's "PPO Plus" is a product specifically designed to contain health care costs. This product combines Blue Cross and Blue Shield of Illinois hospital and physician networks and offers BCBSI subscribers and their dependents a managed care product that allows choice and cost effective care. The product design will provide the foundation for new managed care products throughout the 1990's and will solidify BCBSI's commitment to providing its members cost effective quality health care. To date, over 8,000 physicians statewide have made a commitment to the PPO Plus program. If you feel that it is a viable solution to consider, please call us today for more information at (312) 938-7073.

(This report is a service to the physicians of Illinois)
3/30/90

Editorials

Let's put out the fire on smoking in hospitals

At a time when American society is moving toward making most public places smoke-free, it is good news that some hospitals have taken clear steps in that direction.

Illinois Medicine has found that Illinois hospitals have begun moving to ban all smoking (with the exception in some cases of allowing patients to smoke in private rooms with physician permission). More importantly, hospitals are starting the process of establishing clear, and increasingly restrictive, guidelines on smoking among patients, employees and the public. We think they should continue to move forward and take a stand on this issue. The public evidently expects hospitals to pursue non-smoking policies, since those hospitals that have banned smoking have noted very few objections.

The Illinois State Medical Society (ISMS) considers smoking a major health hazard, and continues to urge all hospitals in Illinois to establish a no-smoking policy, including a complete ban on smoking in patient care areas. ISMS has strongly advocated anti-smoking and anti-tobacco measures in the state legislature. Here's to the health of all of us—patients, health care personnel, and the public.

Get involved and be a part of it all

Poet Ben Jonson once wrote that, "No man is an island unto himself." The epigram could easily be applied to today's practicing physician. Perhaps one hundred fifty years ago, when the Illinois State Medical Society (ISMS) was founded, some Illinois doctors practiced happily in a pioneer environment that afforded them little contact with other doctors. Today, such a situation would be both impossible and patently undesirable.

The ISMS annual House of Delegates meeting taking place next week is emblematic of what physicians can do when they put their heads (and efforts) together. Over 60 resolutions will be debated by the organization's voting members, all of them relating in some way to the practice of medicine in Illinois. House actions set policy for ISMS and influence activity in areas outside the Society.

Your participation in that policymaking process is vital to the health of the organization and critical to the practice of medicine in Illinois. Be a part of it all and affect what's affecting you. There are no longer any islands in today's global environment. ▲

Illinois Medicine

VOLUME 2, NUMBER 7 **MARCH 30, 1990**

Illinois Medicine **is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
Eugene P. Johnson, M.D., *President*
Harold L. Jensen, M.D., *Chairman of the Board*

Illinois Medicine **Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

Illinois Medicine **Staff**
Suzanne W. Nelson, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



President's column

On 'passing the buck'



Eugene P. Johnson, M.D.

As your medical society president, I've travelled the state this year talking about how important it is for us to get involved more actively in shaping the medical environment. For those of us belonging to the medical society, we can at least be comfortable knowing our membership helps the profession manage changes barreling toward us and fosters wise public health decision-making.

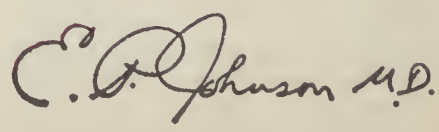
But we physicians shouldn't stop there, or we're 'passing the buck.' Organized medicine does its utmost to represent our views. But it cannot substitute for our individual commitment to speak out, as *patient* advocates, on key issues affecting us all. As I've stressed throughout the state, organized medicine, local community and state officials and voting citizens need our input and direction. ISMS needs to regularly hear our members' views. We take those views seriously when we hear them (which isn't often enough).

My experience on the president's tour bears this out. I've often brought back to ISMS as much or more information and wisdom than I imparted. The topics ranged from universal health insurance and AIDS to senior citizens and rural health shortages.

During those travels, I was reminded consistently of three recurring themes:

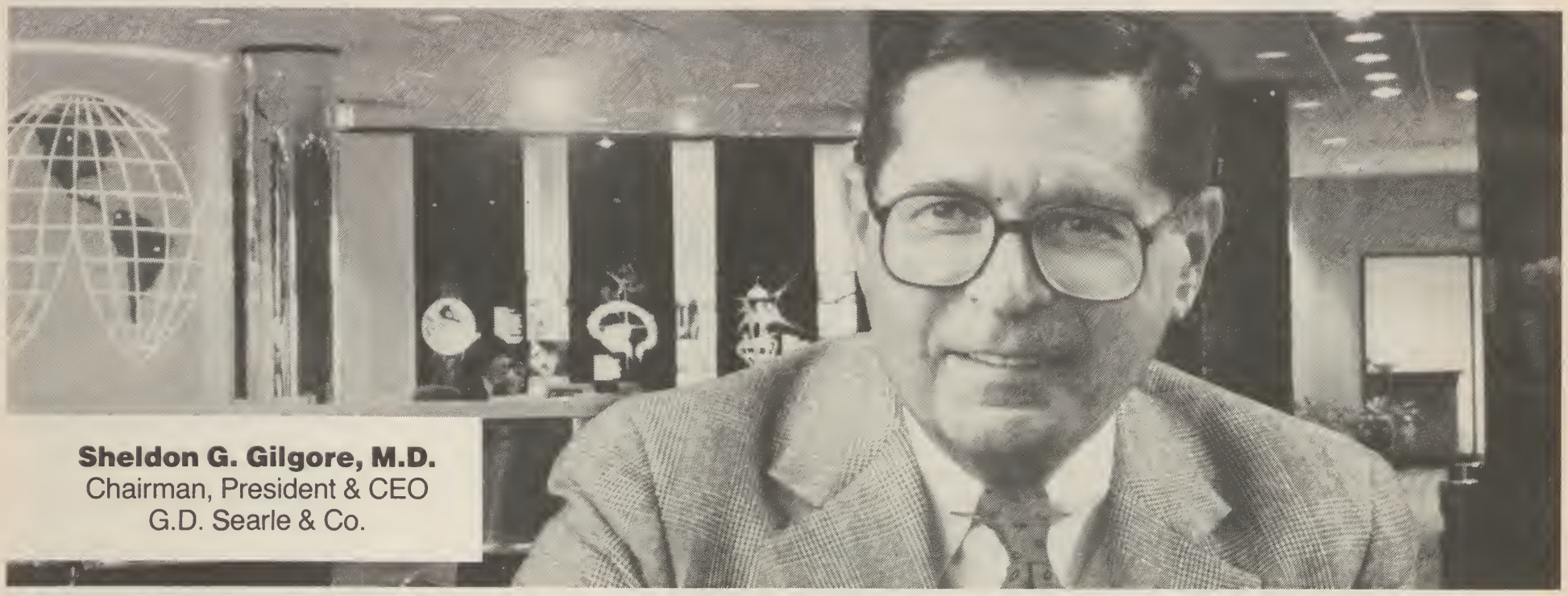
- Illinois citizens are *anxious* to hear from us on important ethical, public health and economic issues facing doctors and patients. We physicians can lead, by building a dialogue on health care problems and solutions in our own communities. We need to do a better job of talking to media, local business groups, community caregivers and our patients.
- Unease about medical care costs is fueling debate on the Canadian versus United States health systems, and sparking a variety of universal health insurance schemes. Illinois and the federal government are contemplating wholesale overhauls. Many of these "reforms" fail to address basic medical and economic questions. We doctors *must* speak out to make sure the proper questions are identified (let alone resolved), to promote and guide public debate toward viable answers. The debate is moving ahead, with or without us.
- We must rededicate ourselves to tough, just peer review. Public confidence in our profession demands it. I realize liability and antitrust concerns sometimes thwart our ability to sweep even incompetent and fraudulent doctors from medicine's ranks. We must work to resolve those issues, but we must renew our commitment to peer review—and let our communities know what we're doing.

As I close my term as your president, I'd like to thank those of you who listened to my message, shared concerns with me and demonstrated personal enthusiasm and commitment for meeting the environmental challenges we doctors face. I am confident that we have the energy and the will to meet those challenges. ▲



Eugene P. Johnson, M.D.
President

A MESSAGE TO DOCTORS AND THEIR PATIENTS



Sheldon G. Gilgore, M.D.
Chairman, President & CEO
G.D. Searle & Co.

Our prescription drugs provide the desired therapeutic benefits...or they cost you nothing

Traditionally, patients have always taken prescription drugs at their own financial risk. If the desired therapeutic benefits are not achieved—or side effects make it impossible to continue taking the medication—the patient must still bear the cost.

As the overall cost of healthcare continues to mount, paying for medication that is not helpful can present a serious financial burden. Therefore, we announced an unprecedented program of cost savings to Searle medicine users. We call this program the Searle PATIENT PROMISE®.

The promise is that any time a Searle product fails to achieve the desired therapeutic benefits, in the opinion of the prescribing physician, Searle will refund 100 percent of the cost of the most recent prescription. This enables physicians to help their patients avoid the cost of unused medications. This is the first time any company has established such a program for all its prescription drugs.

It has been said that a drug that helps solve a problem is worth paying for, but one that does not help is of little or no value. As a practical matter, the efficacy of any medical treatment cannot be separated from considerations of cost. A socially responsible manufacturer must care about the patient's pocketbook as well as the patient's health.

It's easy for the patient and even easier for the doctor

All that is required from the physician is to write his or her name, address, and signature on the refund form—no questions asked—and the patient does the rest. Searle refunds 100 percent of the out-of-pocket costs for the most recent prescription for that product, plus the cost of postage.

The Searle PATIENT PROMISE® applies to all Searle prescription products. This offer is void where prohibited. For information and refund forms the physician need only contact the Searle representative or write to: Searle Processing Unit, PATIENT PROMISE, P.O. Box 395IM, Great Neck, NY 11022.

This offer applies only to prescriptions written in the continental U.S. and its territories.

THE SEARLE PATIENT PROMISE® PROGRAM

© 1989 Searle

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin
President, Medit Associates

If this were your patient, how would you have handled this case?

Presenting complaint and initial diagnosis—A 32-year-old married woman had undergone two D & C (dilation and curettage) procedures at a large charitable hospital, for abnormal uterine bleeding. She returned to a clinic at the facility 10 months later with the same complaint. An attending physician examined her and found a mass in the abdominal area that was sensitive to touch, and several fibroids. The physician scheduled an exploratory laparotomy with possible hysterectomy.

The case in brief—At surgery, several growths in and about the uterus and chronic inflammation of the pelvis with a number of fluid-filled cysts were found. The physician noted that the growths could obstruct the ureter, resulting in damage to the urinary system and the kidney. He concluded that a hysterectomy was required and removed the uterus. The patient's recovery was normal.

The resulting claim—Shortly after the patient was released, she filed suit, seeking $500,000 in damages for performing a hysterectomy without her consent. The woman had had several previous miscarriages and had no children. She alleged that because she did not speak or read English, she did not understand the consent form for the surgical procedure. She charged that she would never have consented to a procedure making it impossible for her to bear children. The physician countered that the patient had filled out a patient questionnaire and a surgical consent form, both in English, and that because her English was not good, he had carefully explained the surgical procedure to her and told her that a hysterectomy might be necessary. To facilitate the consent process, a hospital worker who spoke the woman's language had been called to the bedside prior to surgery to translate the information for her. However, there was no notation that a translator had assisted in facilitating communication on the consent form or in the record and the hospital was unable to locate the worker, who had left its employ.

The outcome of the claim—The case was settled for an undisclosed but apparently substantial amount of money. The physician was unable to document for the court that the patient had actually understood the consent form she had signed.

The points this case makes—Although claims involving lack of informed consent are usually add-ons to other allegations in a malpractice action, in this particular case, it was the main issue. A patient cannot give valid, informed consent to treatment unless he or she understands the information that is being conveyed.

It is inherent in the physician's responsibility to tell a patient the diagnosis, the nature of the contemplated treatment, the risks inherent in that treatment, including the risks from non-treatment, and any alternative procedures. If there is a language barrier, the process of obtaining informed consent is impaired. This is also true if a patient cannot understand the medical terms used to explain the procedure.

There are large numbers of people living in the United States who were foreign-born, some of whom speak no English or only minimal English. Communicating effectively with these individuals in a medical setting is not always easy. "I suspect that many patients lose their lives because of the lack of communication," said Fernando Trevino, associate professor of preventive medicine at the University of Texas Medical Branch in Galveston in a February 12, 1988 *American Medical News* story.

Advisors at the Illinois State Medical Inter-Insurance Exchange suggest several steps to minimize informed consent problems stemming from language difficulties:

—Many urban hospitals now have general consent to surgery or other diagnostic or therapeutic procedures printed in Spanish or other languages common in the area. (West coast hospitals, for example, have had to implement programs to communicate with the large number of immigrants from Vietnam, Laos and Cambodia.) Make sure this general consent form is provided in the appropriate language, if available, to any patients you know do not speak or read English.

The burden of actually obtaining fully informed consent to the treatment is the responsibility of the physician. If a physician cannot communicate in the same language with a patient to provide the information necessary for informed consent, then an interpreter will be required. Most institutions have a formal or informal system for providing interpreters. More commonly, the patient has a family member who does read and speak English who can serve as the interpreter. Gauging the level of comprehension of the medical terms involved with the third-party interpreter is a judgment call a physician will have to make.

—The physician should encourage the patient to ask questions and try to answer them in terms that are understandable. The answers may lose something in the translation so a physician must choose his/her words carefully.

—The physician should meticulously document the process of obtaining informed consent at all times, but especially when there is some question about a patient's problems with language comprehension or when an interpreter is used to convey the case information. In our case example, the lack of documentation resulted in the settlement of a case that might otherwise have been defensible.

—The physician should also be aware that some American-born patients may have only a limited knowledge of and understanding of the English language. There are several million U.S. residents who are illiterate. These individuals may "read" only the simplest words and "writing" may be limited to scrawling their signature. A physician who questions a patient's facility with English should "ask the patient a few questions aimed at assessing comprehension ability," suggests Fay A. Rozovsky, JD, MPH, author of *Consent to Treatment: A Practical Guide* (Little, Brown and Company, 1984). ▲

ISMIS physician review panel strikes a balance among needs

IMAGINE A MEDICAL peer review process with immunity under the Illinois Medical Studies Act, conducted by practicing physicians who balance the need to keep colleagues practicing medicine with the need to protect patients. Such a near-perfect mechanism is the Physician Review and Evaluation Panel (PREP) of Illinois State Medical Insurance Services (ISMIS), a wholly-owned subsidiary of the Illinois State Medical Society (ISMS). ISMIS is the operating arm of the Illinois State Medical Inter-Insurance Exchange, which provides malpractice coverage to nearly 10,000 Illinois physicians.

The three geographically-based PREP committees (Cook County, northern and southern Illinois) are made up of practicing physicians from a range of specialties who review Exchange cases closed with indemnity and make underwriting decisions affecting the policyholders involved. "ISMIE is one of the few companies with a geographically-based, multi-specialty, all-physician committee on both the underwriting and claims sides," says Robert C. Hamilton, M.D., of Chicago, ISMIS board chairman. "Other companies use physicians more as consultants. PREP review is an integral part of our underwriting process."

Dr. Hamilton was one of the original PREP members along with Irwin Smith, M.D. of Northbrook, current secretary of the Exchange board of governors, and Ulrich Danckers, M.D., of River Forest, an ISMIS board member. All three originally sat on the reviewing comittee when the ISMS-sponsored malpractice carrier was the Hartford Insurance Company. "There was one committee with the Hartford, but when the Exchange started, we formed three PREP committees and the Physician Review Committee," Dr. Hamilton says. The ISMIS Physician Review Committee (PRC) makes defend/settle recommendations on open claims.

PREP committees are not for punishment, says Dr. Smith. "We're just trying to be fair to everybody."

"We have the interests of three entities to balance: our colleagues, their patients and the company," says Dr. Danckers.

Tools open to PREP

PREP has many options. It can surcharge a physician, restrict his coverage, recommend risk management, monitor for a certain time, decline a new applicant or not renew a current policyholder. Or, PREP may take no action at all. Regardless of what prompts a PREP review, the whole underwriting profile is studied, including the physician's entire loss experience, practice locations (office and hospitals), practice relationships, employees, training and experience.

PREP committees review and discuss the medical aspects of closed cases. "There is a PREP chairman, who has no more power than other committee members, but somebody has to run the meeting," says Dr. Hamilton. "When there is a case in a specialty we don't have on the committee, we recruit a policyholder with this expertise," he says.

If PREP is considering a physician's continued insurability, the policyholder will be requested to make a personal appearance before the PREP committee. Surcharges and coverage restrictions may also be appealed with a personal appearance by the physician. But, the physician must appeal the action within four months of its imposition, and physicians with surcharges less than 25 percent may or may not be granted a personal appeal opportunity, depending on the facts of the case.

"They gave me a good hearing," says a physician who made a personal appearance before PREP this year. "They were kind and set me at ease. They seemed interested and reasonably intelligent. They were looking to do what is proper," he says. "I had an opportunity to talk to other doctors in practice who understand clearly doctors and patients; they gave me a great deal of time. I came well organized and was able to give an outline of the facts of the case. Their questions were reasonable," he adds, "and were not punitive or a put-down. I felt no matter which way it went, I'd had my shot."

PREP decisions must be ratified by the ISMIS board. A physician who makes a personal appearance and is not renewed has the opportunity to appeal this decision before the Exchange executive committee, which is the final appeal body.

"We have matured in the PREP process," says Dr. Danckers. "The committees function better and our members have gained experience. We are also financially mature as a company now. We're in better financial condition," he adds. "We can be compassionate because we have been sued. We are constantly being reprimanded for not cleaning our own house. We have a chance to look deeply, and if somebody should not be practicing, we don't renew." ▲

Two studies look at care in Chicago

Hispanic health care group urges summit action

THE HISPANIC Health Alliance (HHA), a non-profit organization involved in monitoring health care needs in Chicago's Hispanic community, has released results of two studies, the one a city-wide report examining how Chicago health care providers' practices affect Hispanics and the other an investigation into Chicago Hispanics' access to health care.

At a February 20 press conference, HHA urged that members of the now-ongoing Chicago and Cook County health care summit consider several recommendations from the studies for improving Hispanic health resources.

"The studies point out the challenge of improving the health of the fastest-growing minority population in Chicago and in the country," said Terrence Conway, M.D., chairman of general medicine at Cook County Hospital and a co-chairman of HHA's ad hoc committee on the health summit. "The Hispanic population is young and needs preventive services which are not readily available to them. They cannot afford these services which are oftentimes too far away and not bicultural [i.e., fluent in the norms of both the English- and Spanish-speaking communities]. Physicians who treat Hispanics are many times not bilingual either," Dr. Conway added.

There is a severe shortage of bilingual and bicultural staff serving Hispanics in Chicago.

The studies recommend creation of more preventive services for Hispanics in primary care and health education, that Cook County provide more health services to the medically indigent in Hispanic areas, and that 20 percent of employees at the Illinois Department of Public Health (IDPH) and 20 percent of students at the University of Illinois College of Medicine and Health Sciences in Chicago be Hispanic. The ad hoc committee further urged that there be a regional health authority and that the authority be adequately funded, with taxation powers and Hispanic representation.

The first study, "Health Care Provider's Knowledge, Attitudes and Practices in Reference to Hispanics in Chicago: Analysis of a 1988 City-wide Survey," polled 373 Chicago health care providers by mail, ranging from primary health care facilities and mental health centers to hospital settings, HMOs and physicians in solo or group private practice. The survey consisted of 29 questions with issues ranging from providers' knowledge, attitudes and perceptions of Hispanic patients to their efforts in responding to Hispanic needs.

There is a severe shortage of bilingual and bicultural staff serving Hispanics, the study stated. It said only 28 percent of those polled make special efforts to recruit bilingual personnel. Half the providers said Hispanics should learn English instead of expecting bilingual services; 68 percent were unaware that diabetes is more prevalent among Mexican-Americans than among whites and non-Hispanics.

Only one in four providers offered any health education program for Hispanics. More than half did not know the extent to which Hispanics were covered by health insurance or paid for medical care out of their pockets.

Second study looks at access, needs

The second study, entitled "Health Needs and Access to Health Care Among Hispanics, Whites and Blacks in Northside Communities in Chicago," involved 403 interviews conducted between October 1987 and June 1988 in five Chicago communities: West Town, Humboldt Park, Logan Square, Uptown and Lakeview.

The survey contained 200 questions on issues such as health status, access to care, utilization of medical services to lifestyles, health education and AIDS.

Because the five communities polled have young populations with low levels of education and income, Hispanics in these locations are highly dependent on public assistance programs and experience relatively high incidences of illness and infectious diseases.

Patricia Lara Garza, an HHA ad hoc committee co-chairman, said the committee is hoping to present its recommendations to the health summit in a special session. "We are not only monitoring, but actively advocating with the summit members to make sure our health concerns are listened to and adhered to during their planning process," she said.

HHA is represented on the summit's policy steering committee by its community advocate chairperson Teresa Nuno, and by Aida L. Giachello, Ph.D., of the Midwest Hispanic AIDS Coalition. ▲



Just What the Doctors Ordered*

Get a truck load of value from the Chicago Medical Society & Illinois State Medical Society.

Major Medical Benefits

- Choose your own physician & hospital
- No Pre-certification or second opinion required
- $1,000,000 Medical, Hospital & Physician Benefits
- Covers expenses in and out of the hospital
- Choice of Deductibles: $300, $500, $1,000, $2,000 or $3,000
- Guaranteed acceptance for applicants under age 41
- Plan pays 80%, you pay 20% up to the Out-Of-Pocket Limit
- $3,000 Out-Of-Pocket (includes deductible & 20% co-payment)
- No deductible for out-patient surgery
- Covers Home Health Care, Nursing Home and Hospice
- Covers mental, nervous, alcoholic and drug disorders
- Maternity covered as an illness
- Covers doctors, employees and families
- One-year rate guarantee

. . . Plus other great benefits!

*Preferences based on focus group studies of member physicians conducted by Physicians' Benefit Trust.

For information or to enroll, call toll free:

(800) 621-0748

Or mail coupon:

Send information and an enrollment form for the ***Major Medical Plan*** sponsored by my medical society. I also am interested in the other plans I have checked.

- ☐ Excess Major Medical
- ☐ Medicare Supplement
- ☐ Hospital Indemnity
- ☐ Dental
- ☐ Long Term Disability
- ☐ Term Life
- ☐ Accidental Death & Dismemberment
- ☐ Personal Umbrella
- ☐ Office Overhead
- ☐ Office Benefits Program

Name: _____

Practice Name: _____

Address: _____

Street: _____

City/State/Zip: _____

Telephone: _____

ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

Smoke-free regulations bring breath of fresh air to hospitals



Wm. Daniels/The Photo Partners

Clare O'Boyle, director of the St. Francis of Evanston School of Nursing. Employees, patients and volunteers there supported the smoking ban. "Nicotine is one of the most addictive drugs there is," she says. "Why should we cater to one addiction?"

HOSPITALS THAT have completely banned smoking agree that it's easier than they anticipated. "It was surprising. I thought we'd have more problems than we had," reports Clare O'Boyle, director of the St. Francis of Evanston School of Nursing, and one of the key hospital staffers who helped coordinate the two-year campaign preceding the October 1, 1989 ban.

Responding to a recent *Illinois Medicine* survey of the 250-plus Illinois hospitals and their smoking policies, 26 Illinois hospitals report that their policy completely prohibits smoking in the facility. However, many of these hospitals allow a patient to smoke in a private room if the doctor writes a letter permitting it. Three hospitals have no policy at all against smoking, and the remaining 58 hospitals that responded permit smoking in designated areas.

Adriano Olivar, M.D. of St. James Hospital in Chicago Heights says the complete ban, which began January 1, 1990, was supported by the medical staff. Dorothy Madon, St. James' director of public relations, says the decision to ban smoking completely in 1990 was announced six months ago, when a smoke-free committee was established. Smoking cessation programs were offered to employees at that time. "We kept the mindset going," says Madon. "You don't want to shove anything down anybody's throat." Happily, she adds there was no mass negative revolution.

Hospitals that have smoking restrictions must deal with the problems of smoking employees, visitors and patients. "Our biggest problems are from employees," says O'Boyle. "They go outside to smoke. We've had no big problems from patients. In fact, we've received two letters complimenting us."

St. Francis' two-year program

St. Francis of Evanston started the move toward a smoke-free policy in January 1986. The hospital's plan called for an educational campaign directed at internal audiences, including employees, patients, visitors, physicians, students, residents, vendors, volunteers and building staff. Their external audience was the media. Communication to these audiences included payroll stuffers, bulletin board memos, posters, signs that read "We're proud to be smoke-free," patient handbooks, new visitor passes, letters to physicians' offices, in-house videos, smoking cessation programs and incentives, and tabletop tent signs in the cafeteria and patients' rooms.

The *Evanston Review* noted St. Francis' move to smoke-free status in its October 5, 1989 issue, with the headline "St. Francis Hospital bans smoking." Most employees, patients and volunteers interviewed supported the concept, even though smokers admitted the ban would be difficult for them. "Nicotine is one of the most addictive drugs there is," said O'Boyle. "Why should we cater to one addiction? I was very concerned about the visitors waiting for surgical patients, but we had no complaints."

St. Francis instituted a procedure for dealing with a patient who insists on smoking. First, the nurse on duty tries to reason with the patient; if that doesn't work, the pastoral counselor visits the patient. If that intervention proves equally unsuccessful, two physicians visit with the patient. "We try to emphasize what a good opportunity this is to quit," says O'Boyle.

ISMS Policy

At its 1989 annual meeting, the ISMS House of Delegates voted to urge Illinois accredited hospitals to establish a no-smoking policy and to ban smoking completely in hospital patient care areas.

Hospital policies that allow smoking in designated areas vary, but most have in common the obvious ban of smoking where flammable materials are used. Most hospitals do not allow patients to smoke in bed, and restrict smoking visitors to lounges or designated areas of the cafeteria. The majority of hospitals allow smoking in mental health patient care and visitor areas.

Most hospitals responding to the survey do not let employees smoke on the job, allowing them to smoke only while off duty and in designated areas. Smoking is usually prohibited in public areas, such as corridors, stairways and bathrooms.

"Our biggest problems are from employees, they go outside to smoke. We've had no big problems from patients. In fact, we've received two letters complimenting us"

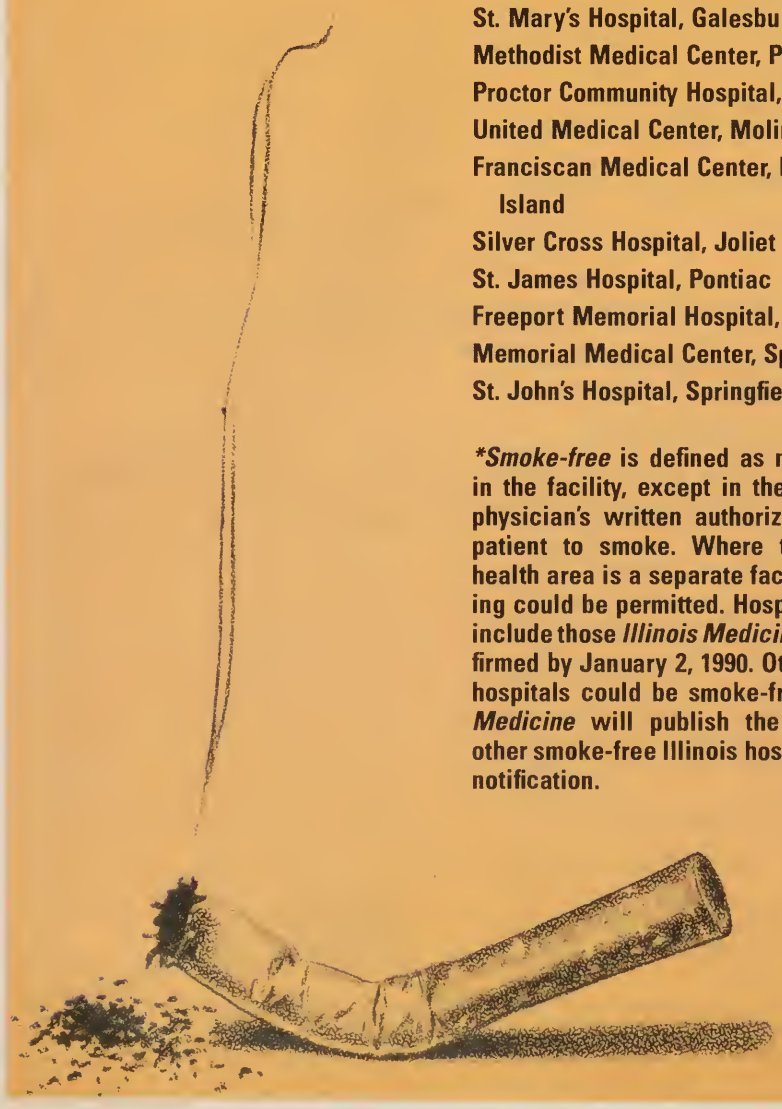
Most hospital policies are consistent in their objectives for restricting and discouraging smoking: to reduce the health hazards caused by first-hand and second-hand smoke; to reduct fire hazards; to comply with city ordinances; to assure the comfort of non-smokers; and to fulfill the hospital's responsibility as a health care institution. Many hospitals also prohibit the sale of tobacco on hospital premises.

Editor's Note: Illinois Medicine *would like to thank the 80-plus Illinois hospitals that responded so quickly and forthrightly to our request for information about smoking.* ▲

Smoke-Free Illinois Hospitals*

Community General Hospital, Sterling
LaGrange Memorial Hospital, LaGrange
John Warner Hospital, Clinton
St. Joseph Hospital, Elgin
Northwestern Memorial Hospital, Chicago
Covenant Medical Center, Champaign
La Rabida Children's Hospital and Research Center, Chicago
St. Bernard Hospital, Chicago
St. James Hospital Medical Center, Chicago Heights
St. Francis Hospital, Evanston
Sarah Bush Lincoln Health Center, Mattoon
Copley Memorial Hospital, Aurora
Loyola University Medical Center, Maywood
St. Francis Hospital, Peoria
Hammond Henry Hospital, Geneseo
Cottage Hospital, Galesburg
St. Mary's Hospital, Galesburg
Methodist Medical Center, Peoria
Proctor Community Hospital, Peoria
United Medical Center, Moline
Franciscan Medical Center, Rock Island
Silver Cross Hospital, Joliet
St. James Hospital, Pontiac
Freeport Memorial Hospital, Freeport
Memorial Medical Center, Springfield
St. John's Hospital, Springfield

***Smoke-free* is defined as no smoking in the facility, except in the case of a physician's written authorization for a patient to smoke. Where the mental health area is a separate facility, smoking could be permitted. Hospitals listed include those *Illinois Medicine* had confirmed by January 2, 1990. Other Illinois hospitals could be smoke-free. *Illinois Medicine* will publish the names of other smoke-free Illinois hospitals upon notification.**



Ken Simpson

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

Plastic surgeon on the prairie

IN 1846, a few years after surgeon David Prince, M.D. set up his practice in Jacksonville, Illinois, he took on what was to prove one of his most dramatic and poignant cases. Five-year-old Mary Bowers had burned herself when her apron caught fire at her family's stove. Her face had become a mass of scar tissue, and her lips and chin had slipped to shoulder level.

In a series of extraordinary operations (which probably employed only whiskey and opium as anesthetics), Dr. Prince loosened his patient's facial skin and restored some semblance of lips and chin. Unfortunately, during a bout of measles the little girl scratched herself and opened the wound, causing the whole lower lip and chin to slough off.

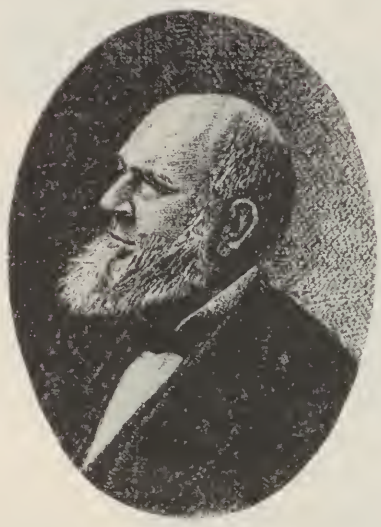
It is a measure of Dr. Prince's dedication to his patients and his profession that nearly 25 years later he sought out his once small patient for another attempt at reconstructive surgery. In the intervening years, Dr. Prince had perfected many of his surgical techniques, and there had been monumental advances in anesthetics and surgical hygiene.

Using a flap of skin from her arm, Dr. Prince reconstructed Mary's chin; he rebuilt her mouth using tissue stripped from the lower jaw. In Dr. Prince's own modest words, "This case affords a gratifying triumph over great difficulties."

A hint of modern plastic surgery techniques

Nearly a century would pass before any plastic surgery of this complexity was undertaken in downstate Illinois to rival that performed by Dr. Prince in Jacksonville. According to John K. Crellin, author of *Medical Care in Pioneer Illinois* (1982), "David Prince was performing surgical procedures in the last century which are not even done in Jacksonville today, and not done in Springfield until the arrival on the scene of modern plastic surgeons in the 1970s."

It is little wonder that Dr. Prince became a leading light among his contemporaries. In 1859, at age 43, he was elected president of the Illinois State Medical Society. His published papers on plastic surgery and orthopedics were considered among the most important and influential of the era.



David Prince, M.D. (Photo courtesy of the Illinois State Historical Library.)

Dr. Prince's heroics during the Civil War distinguished him as well. While serving as a brigade surgeon in the Union Army, he voluntarily surrendered himself to minister to Confederate captives in the infamous Libby Prison in Richmond, Virginia after a portion of his own command was captured. He earned the gratitude of black citizens by allowing his house to be used as a station on the underground railroad, often driving escaping slaves to the next station under the guise of making night calls.

Much of the work that brought Dr. Prince his fame took place at the hospital he founded in 1867, the Jacksonville Surgical Infirmary. Commonly known as the Prince Sanitarium, it became a mecca for young frontier doctors wanting to learn from Dr. Prince's innovations in surgical techniques, physical therapy and even operating room design: Dr. Prince designed his own air filtration system. Of course, the infirmary was a source of hope for patients as well; an article in the *Jacksonville Journal* reported that the infirmary treated some 3,000 patients each year in the 1880s.

Dr. Prince's devotion to the men and women he treated never wavered, not even on December 19, 1889, when the brilliant surgeon and teacher lay on his deathbed. "A few moments before he breathed his last," recounts James Crellin, "he asked Mrs. Howell, matron of the sanitarium, how his patients were." ▲

Annual Meeting

(continued from page 1)

up for consideration are those which: ask ISMS to provide advice on rural patients' access to health care (especially obstetrical care) downstate; seek to establish that a physician's own private medical practice business records should not be accessed by a third party; and call on ISMS to educate the membership on current laws concerning physician negotiation with third-party payors.

On April 6, the Edwin Hamilton Teaching Award will be presented to Fred Z. White, M.D., Exchange chairman.

On Saturday, April 7, ISMS President Eugene P. Johnson, M.D., will address the House for the last time as president; public service awards will be presented; and the reference committees will report their recommendations to the full House for debate. Friday evening, Dr. Johnson will be honored at ISMS' President's Night.

On Sunday, April 8, Chicago thoracic surgeon James H. Andersen, M.D., will be inducted as ISMS' new president; there will be further reports of reference committees; and elections will take place for officers and trustees, and for delegates and alternate delegates to the American Medical Association.

Featured speakers at an educational forum April 7—William B. Schwartz, M.D., of the Tufts University School of Medicine, and Sean Sullivan, vice-president of New Directions for Policy, Inc., a Washington-based health care finance consulting firm—will address the topic "The Future of Medicine: Cost Containment in the 1990s."

Physicians needing further information on the House schedule or resolutions for debate should contact ISMS at 1-800-782-ISMS.

ISMSA meets

The Illinois State Medical Society Auxiliary (ISMSA) will hold its annual meeting April 5-6, in conjunction with the ISMS House meeting. This year, ISMSA will offer three practical workshops for its members: "Health Projects: Highlights & How-to's," "Auxiliary in the Year 2000—Planning for Counties," and "Assets and Liabilities of Working in Spouse's Office." Cindy McLean, ISMSA president-elect, will conduct an orientation session for county leaders; and ISMSA will once again provide a hospitality room with a video booth for attendees, as well as a number of national, state and county auxiliary exhibits and informational items. For further information, attendees should call ISMSA at (312) 782-2099. ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

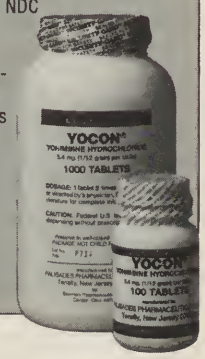
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

New images of doctors keep flickering across our TV screens

by John M. Blim

WHEN A NATIONALLY famous hospital closed its doors in the early 1960s after only seven years in operation, it had treated fewer than 300 patients and kept a medical staff of under a dozen. The only two physicians who had regularly worked there immediately left medicine, after having had a greater impact on their patient-public than most doctors ever dream of.

Blair General Hospital's two eminent MDs had been the inestimable Leonard Gillespie and James Kildare, a.k.a. actors Raymond Massey and Richard Chamberlain.

As laughable as Dr. Kildare and his small-screen colleague Ben Casey may seem to their real-life counterparts today, doctors may easily forget how real they were for the millions who watched them every week. And no less real than Dr. Marcus Welby some ten years later, or "Trapper John" McIntyre a decade after that.

With such shining representatives of their profession keeping extended office hours in movie houses and making evening house calls on a coast-to-coast feed, physicians had little cause for concern over their image and could spend their time caring for their own three-dimensional patients.

Doogie Howser, M.D. (Neil Patrick Harris) watches over the little ones in L.A. (top right); Richard Chamberlain gives his Dr. Kildare best (below).



Photo of Doogie Howser courtesy ABC

*Joe Gannon of Medical Center was really Chad Everett (right); and the doctors on M*A*S*H (below) were really after Emmys.*

Marcus Welby, (right) whose bedside manner captivated American viewers for several seasons, was played for heart tugs by Robert Young.

New series test limits of reality

To some extent, the "good doctor" image continues even today, updated for contemporary ambiance and style. *Island Son,* a new vamp on the Kildare theme, starring a just slightly more weathered old Kildare (Chamberlain) ran one season before it was cancelled this month. Chamberlain, as the "dashing but caring" (to quote *TV Guide*) Daniel Kulani, M.D., delivered the same combination of skill and sympathy to his patients as in the Kildare series, this time in Hawaii.

More unusually, there's a 16-year-old boy-genius pediatrician stalking the corridors of one southern California hospital, and his name is *Doogie Howser, M.D.!* Not only is the show's star, Neil Patrick Harris, really 16, but *Doogie* has been the highest-rated new show of the season.

It's been pointed out that in 14 states and the District of Columbia, a real-life Doogie wouldn't even be allowed to sit for the state board exams, let alone practice, but the antics of this pint-sized ped have evidently captured the imaginations of TV viewers. A recent episode had Doogie operating on the bursting appendix of his nubile girlfriend.

Perhaps in the spirit of things to come, the truly wacky "Doctor! Doctor!" series on CBS brings us a small group practice full of wise-cracking oddballs. Series star Matt Frewer, as Mike Stratford, M.D., has the look and sound of a late-night stand-up comedian (and in fact was one), but physician viewers have warmed to the doctor humor of the series.

The first years of the '60s brought the heroes of "The Young Doctors," "The Interns," and "The New Interns" to cinemas while the networks made Drs. Kildare and Casey weekly consultants in viewers' homes. To many though, Robert Young's characterization of Marcus Welby during the early '70s remains the epitome of the "good doctor."

According to Irwin Siegel, M.D., an orthopedic surgeon at Louis A. Weiss Memorial Hospital in Chicago, Dr. Welby "must have been wealthy, because he only saw one patient a week, spent all his time with this patient, and was always cancelling hours to take care of some vaguely medical but strongly social problem."

Indeed, according to a study done in the mid-1970s by CBS researcher, James McLaughlin, television doctors were "always near at hand or easily accessible to patients." Welby and his ilk, says the study, often risked professional reputation, pursued the case into the patient's private life, or disobeyed conventions, even laws, to save the patient.

Yet the '70s saw times begin to change for doctors in television as well as real life. Henry Taylor, director of the patient representative department at Northwestern Memorial Hospital in Chicago, suggests the changes began with the patients' rights movement in the late 1960s: "The environment now is quite different. Our younger population, more exposed to a different kind of health care, is more inclined to question."

Films and television shows of the 1970s reflected this change. Series like M*A*S*H and St. Elsewhere took irreverent, sometimes even crude side-glances at medicine; the viewing public loved it.

Suzanne Poirier, associate professor of literature and medicine at the University of Illinois College of Medicine, says, "The idea of the person alone against the world, fighting the forces of evil and bringing goodness and light" goes back to the early James Fenimore Cooper collection of *Leather Stocking Tales*. She adds, "that's all in there in Ben Casey and Kildare. But after the '60s, 'St. Elsewhere' and 'MASH' were talking about a system that did not allow us to be the physicians that we ought to be."

Real-life physicians reflect on images

Would doctors turn back the clock on public perception if they could? James R. Webster, Jr., M.D., chief of staff at Northwestern Memorial Hospital, has written about the public image of doctors, and he sees both sides of the question. "Our interpersonal skills do not always match the images on TV. It's hard to be as good as Trapper John."

William B. Buckingham, M.D., an internist specializing in pulmonary disease, relates a personal experience along these lines. "One Sunday night," he remembers, "Welby cured someone with emphysema on a one-hour program, and I'd been struggling with patients for 20 years. He didn't show how he did it." When patients came in asking Dr. Buckingham to do the same, he offered to refer them to Robert Young.

Not surprisingly, unflattering portrayals do not sit well with most doctors. But to the extent that they are revealing a changing world of medicine, there may be benefits to less reverential depictions. "If the public can believe that physicians are human and that things can go wrong in spite of our best intentions," Dr. Webster remarks, "I think that's fine."

Dr. Siegel concurs: "This can be a very healthy thing by forcing doctors to take a look at themselves. We have to assume new responsibility in looking at what we do, how people perceive it." ▲

Chicago approves non-MD rule

by Kevin O'Brien

THE CHICAGO CITY Council voted 33-5 on March 21 to change the requirement that the city's health commissioner be a physician.

The new ordinance approved by the Council requires the commissioner either to be a physician, or else "have an advanced degree in a field related to public health and professional experience in public health administration. If the commissioner is not a physician, at least one deputy commissioner . . . shall be a physician, duly licensed to practice in Illinois."

The ordinance's principal opponent, Ald. Timothy C. Evans (4th), contended that its passage means the city will eventually abandon its health care delivery role. "What we are saying is that we simply want to regulate health care in the city of Chicago, not deliver health care," he said.

Saying Chicago would be the only major U.S. city without a physician head of its health department, Evans also criticized the handling by Acting Commissioner Richard Krieg, Ph.D. of the recent measles epidemic, saying it underscored the importance of retaining the physician requirement.

But City Council health committee chairman Sheneather Y. Butler (27th) countered that "over 40 percent of the nation's local health directors are non-MDs," and that blaming Dr. Krieg for the measles outbreak was "totally unfair"; while Ald. Edward M. Burke (14th) said the U.S. Centers for Disease Control had praised Dr. Krieg "for his aggressive, innovative and successful handling of the measles outbreak."

Dr. Krieg was considered the leading candidate for the permanent position, but announced March 6 that he would be leaving to become head of Roosevelt University's Institute of Metropolitan Affairs. His decision left two physicians, not yet identified, and Caswell Evans, a Los Angeles dentist, as the remaining candidates.

However, Chicago Medical Society (CMS) President-elect Arvind K. Goyal, M.D. told *Illinois Medicine* that Mayor Richard M. Daley told CMS leadership he would consider additional candidates. Dr. Goyal said CMS still believes a qualified physician with public health experience will best serve Chicago citizens, and that CMS has "started a process to identify possible candidates for the position." Dr. Goyal said the process is currently limited to identifying candidates in the Chicago area.

The Chicago Board of Health, which is acting as a search committee for a new commissioner, met March 21 in executive session to decide whether to reopen the search. However, board president Whitney W. Addington, M.D. was scheduled to leave the city before the ordinance was passed, and was unavailable for comment.

Mayoral press secretary Avis LaVelle later that day confirmed that Daley would entertain additional names for the position, but that did not necessarily mean the search would be reopened. She said the Board of Health had an "A" list and a "B" list of possible candidates and that the Board would conduct a "closer investigation of the 'B' list, and if that doesn't prove satisfactory, then they may reopen the search." ▲

Blue Cross expands psychologist-run program to Chicago; psychiatrists express concern

by Karen Beshears

ILLINOIS' LARGEST health insurer, in a move which has created concern among the state's psychiatrists, has arranged for a psychologist-run California-based group to give outpatient care to 100,000 people in the Chicago area, and eventually plans to offer the same program statewide.

Blue Cross/Blue Shield of Illinois (BC/BS) has contracted with American Biodyne, a mental health care provider which works for a capitation rate only, and provides outpatient care with no copayment from the patient.

The decision follows BC/BS' earlier use of Biodyne in a similarly designed year-long pilot program involving 10,000 Rockford insureds. BC/BS announced its intention to initiate a Chicago-area program in January, but did not name the provider until February 23.

"We think the program encouraged more people to seek treatment because of its outpatient orientation," said Bradford Buxton, BC/BS vice-president for health care services.

The Illinois Psychiatric Society (IPS), which protested the use of Biodyne because it places psychologists who cannot prescribe medicine in charge of patient care, with a psychiatrist as consultant, is "not surprised" at the choice of Biodyne as provider, said IPS President Nada Stotland, M.D. of Chicago.

IPS is aware of similar moves nationwide, but remains concerned about the impact on patients who need a physician to determine their medical/psychiatric needs, Dr. Stotland said. "Psychiatrists are physicians who are experts at treating illness made manifest by emotional/mental [symptoms]," she stated. The majority of patients who require hospitalization have both mental and physical symptoms of illness. "We are concerned about insurance which splits off people so they cannot be treated by expert physicians.

"Health insurance has been lax in covering the needs of medical/psychiatric patients," added Dr. Stotland, "and this move does not improve the picture because it directs full coverage to only one part of the spectrum of needs. While psychologists and social workers serve much of that one portion, there has not been full outpatient coverage in the past and there should be wider coverage for psychiatric medical diagnosis and treatment. We have grave concerns about this discrimination against the mentally ill . . . [and that] this takes advantage of the relative inability of many of the sufferers to demand the kind of care they need."

Program no substitute for inpatient psychiatrist care

Buxton said Biodyne will save the insurer money, but emphasized that the Biodyne way is not a substitute for inpatient care which would be under a psychiatrist. Employees can continue to use the inpatient benefits under existing plans, but the usual copayments, deductible amounts and claim forms will apply.

"Most patients prefer not to disrupt their family life, job or social life with hospitalization if it can be avoided," Buxton said.

"Rather than reduce psychiatric and substance abuse benefits to manage costs—the trend in insurance today—the program provides unlimited outpatient care and is designed to reduce or completely avoid unnecessary hospitalizations," he explained. He pointed out that it costs an average of $450 a day for an inpatient psychiatric facility stay.

BC/BS cited the following cost increases between 1982 and 1988 in psychiatric and substance abuse care as justifications for the Biodyne contract:

- Total charges increased 194 percent for BC/BS patients statewide. The average case in 1982 cost $3,300; the average in the first six months of 1988 was $7,200.
- Inpatient days increased from 8 to 30 percent of all hospital days for BC/BS clients.
- The average length of hospital stay for substance abuse treatment increased from 11 to 19 days. The average length of hospital stay for mental health cases increased from 22 to 24 days.

Program may go statewide

American Biodyne will treat the 100,000 Blue Cross members affected in 10 outpatient treatment centers in Skokie, Lincolnshire, Hoffman Estates, Oak Park, Chicago, Downers Grove, Burr Ridge, Evergreen Park, Orland Park and Joliet. The centers offer alcohol and drug abuse treatment, individual and group therapy, marital and family counseling, weight management, stress management, eating disorders treatment and smoking cessation counseling.

But BC/BS' plans do not stop in the Chicago area. "We plan to offer [the Biodyne plan] to all of our 2.5 million members in Illinois just as soon as the required treatment centers can be established," Buxton said.

Buxton said he researched the nation for a cheaper way to provide these services before giving Biodyne the Rockford contract in January 1989. Before that services were provided by members of the Black Hawk Area Individual Practice Association (BAIPA), which has about 500 physician members or 70 percent of the doctors in a 10-county area. BAIPA contracted to provide care for about 10,000 clients of the BC/BS HMO Illinois.

BAIPA was losing money on mental health/substance abuse care and attempts failed to cut hospital stays in half from about 120 days per 1,000 Blue Cross members to about 60 days, said Bob Carlson, IPA executive vice-president.

In 1988, Blue Cross and BAIPA limited benefits for each subscriber from 30 days per year to 14, but use was still at maximum, Carlson said.

Biodyne, by comparison, had only three hospital days per 1,000 subscribers in 1989, Buxton said. ▲

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE
707 South Wood Street
Chicago, IL 60612
ACCME Accredited

May — July, 1990

- ☐ Specialty Review in Obstetrics and Gynecology
  April 29 - May 5, 1990
- ☐ Advances in Surgery, 1990
  April 30 - May 4, 1990
- ☐ Specialty Review in Family Medicine
  May 5 - 11, 1990
- ☐ Adolescent Medicine
  May 10 - 12, 1990
- ☐ Perioperative Medicine for the Consultant
  May 10 - 12, 1990
- ☐ Specialty Review in Anesthesiology
  May 12 - 18, 1990
- ☐ Specialty Review in Pediatric Hematology/Oncology
  May 14 - 16, 1990
- ☐ Advances in Pediatric Cardiology, 1990
  May 30 - June 1, 1990
- ☐ Advances in Colon and Rectal Surgery for the General Surgeon
  May 31 - June 1, 1990
- ☐ Flexible Fiberoptic Sigmoidoscopy
  June 2, 1990
- ☐ Fiberoptic Colonoscopy
  June 6 - 8, 1990
- ☐ Urologic Surgery Workshop: New Operative Techniques
  June 7 - 9, 1990
- ☐ Fiberoptic Esophagogastric Endoscopy
  June 11 - 13, 1990
- ☐ Practical Strategies in Primary Care, 1990
  June 25 - 29, 1990
- ☐ Specialty Review in Nuclear Medicine
  July 16 - 20, 1990
- ☐ Specialty Review in Emergency Medicine
  July 23 - 28, 1990
- ☐ Office Management of Infectious Disease
  July 25 - 27, 1990
- ☐ Specialty Review in Pediatrics
  July 29 - August 4, 1990

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____

Address _____

City _____

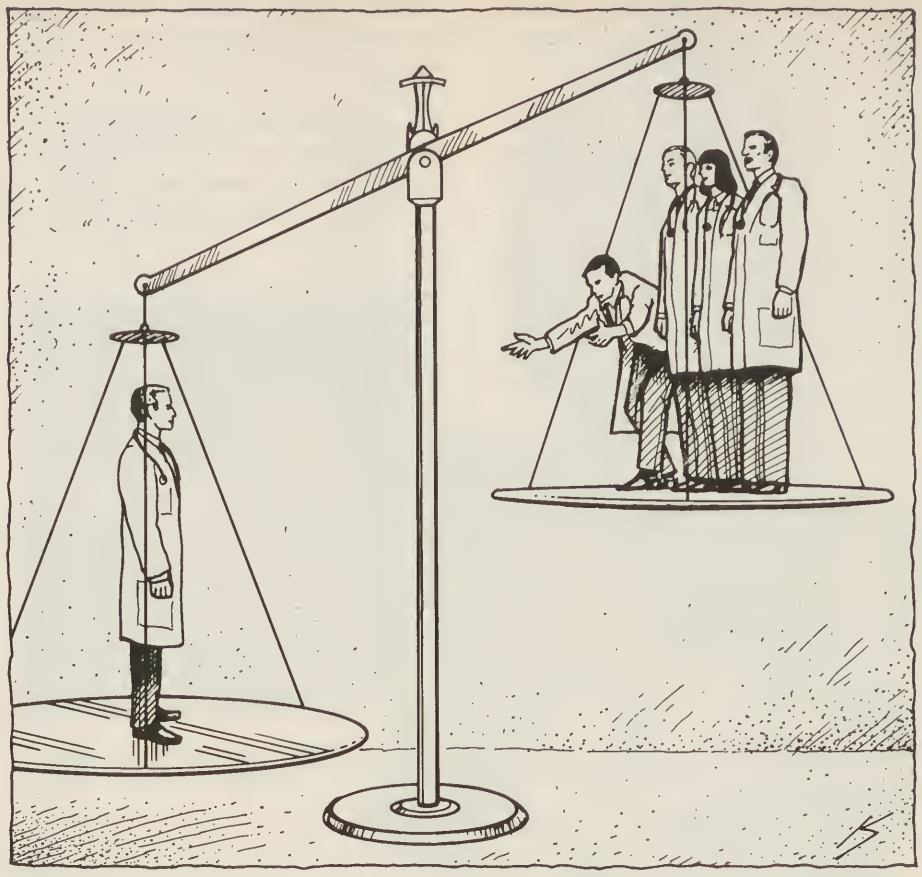
State _____ Zip _____

Call toll-free today!
1-800-621-4651

Group practice or solo; MDs explain their decisions

by Cheri Bentrup

FOR YEARS the trend toward family practice groups has surged in both rural and urban areas. Some family physicians have left their solo practices, swayed by the advantages they saw in groups. Others, however, happily retain their solo practices.



Ken Simpson

The satisfaction of group practice

John Adams, M.D., joined the Carle Clinic in Danville in July 1987, six years after he opened his solo family practice in that community.

With the demanding time schedule of a solo practice, rising liability insurance premiums and collection problems, the advantages of joining a group enticed Dr. Adams. "One big plus to the new group practice is call coverage," he said. "I also don't worry quite as much about collection. I don't have to worry about how much to charge Medicare patients. The group hires people to do that. That's been a definite plus."

As a solo family physician who did not practice obstetrics but did assist with surgery on his patients, Dr. Adams' liability insurance premiums were constantly rising. "My annual premiums would have jumped from $7,000 to $13,000 in one year," he said, adding that he is now insured through a group plan.

Remaining on his own, Dr. Adams felt he would be forced to pass the insurance cost on to his patients. "I was looking at whether to charge $2 more for every patient who walked through my door just to cover my malpractice premium," Dr. Adams said.

Still in his solo practice office, Dr. Adams' patients have not yet noticed a change in their service. "The patients are still dealing with the same staff. The facility is the same. Many patients say they can't understand the billing system and there isn't anyone [in my office] to answer their questions," he said. The 17-physician group is planning to build a new facility and Dr. Adams is concerned about how his patients will react to the new environment.

As a member of a group practice, Dr. Adams is also free to enjoy his family, attend meetings and take more vacation time. "It's improved my quality of life," he said.

John Boeren, M.D., one of three family physicians at the Belleville Family Medical Association, agrees that his quality of life has improved by choosing to join a group practice. "The first advantage is the time off," he says, explaining that he has six weeks of vacation time each year, works every third weekend and has Wednesdays off each week. "I can spend more time with my wife and children. I'm a Boy Scout leader and I have time to play tennis—exercise like I tell my patients."

Another advantage Dr. Boeren has noticed in his 13 years with the group is "professional stimulation." "I can discuss a difficult case with another physician. It's good to have someone else offer suggestions. It's instant curbside consultation," he says.

Although it may not be feasible for a solo practitioner to purchase the latest medical equipment, Dr. Boeren notes that the group can afford the modern pieces that make the office more convenient for his patients.

As with most groups, Dr. Boeren says the patients are asked to choose one physician as their primary doctor. The patients are told that they may see the other two physicians in emergency situations but seem reassured that all the physicians in the group have access to their records rather than being in the hands of a physician with no knowledge of their medical histories.

We have the opportunity to offer more services to our patients. We can stay open on Saturdays and late on weekdays.

Because group practices are more efficient and more competitive than solo practices, Dr. Boeren expects the trend to continue for both rural and urban areas. "I think we'll see fewer newly graduated physicians starting solo practices. They can't afford the expenses of setting up their own office," Dr. Boeren said. "We're seeing the trend already of newly graduated physicians going into salaried positions for HMOs."

Being in a position to offer patients the most modern care is a definite advantage of group practice, according to William Hulesch, M.D. who works at Downers Grove Family Practice, a five-member single-specialty practice. "We have the opportunity to offer more services to our patients. We can stay open on Saturdays and late on weekdays. We recently hired a dietician and psychologist. As a single physician you don't have the volume to justify the expense," Dr. Hulesch said. Patients seem to enjoy having these services available at a lower cost than offered by local hospitals, he added.

Dr. Hulesch is able to identify negative aspects of his 15-year group practice as well. "It's hard to keep on personal levels" as the patients see a number of the group's five physicians. "It's hard to keep in touch with everyone in the practice," he said.

As new physicians see the quality of life associated with a group practice, Dr. Hulesch also expects the trend to continue its rapid growth. "Most (facilities) in rural settings have had a hard time attracting one physician," he said, adding that he knows of some rural family physicians who would like to have a partner but have been unsuccessful in their quest.

Happy with solo practice

William Tortoriello, M.D., who has a solo practice in Harvard, a northern Illinois town of 5,000 residents, has been searching for an associate for the past four years. He believes his problems of finding a partner stem from the rural setting and his obstetrics practice. "Half of the physicians in family practice don't do OB. The others I've interviewed want an extremely rural setting and this is too close to the city—about 75 miles from Chicago—or they want to be closer to a city and this is too rural." Dr. Tortoriello says the ideal candidate would have qualifications similar to his so he can share his practice with the associate equally.

Meanwhile, Dr. Tortoriello enjoys the satisfaction and independence of his solo practice. "I am responsible for myself. I can make decisions in the office without going through another doctor," he says. Among the areas he has control over are equipment purchases, office policy and chart organization.

I am responsible for myself. I can make decisions in the office without going through another doctor.

Patients seem to be the true winners in solo practices, Dr. Tortoriello contends. "The patients have confidence in their physicians. They come to the office to see that specific physician," he says. "We have a closer relationship to patients than may be possible in a group."

Working between 75 and 80 hours a week, Dr. Tortoriello says the long hours are the biggest disadvantage of his rural solo practice. "Up until a couple of months ago, we covered our own [patients'] emergency care at Harvard Hospital," he said. "It's been done that way for 40 years. The patients really appreciated it—seeing their doctor who knows them and is familiar with their medical problems," Dr. Tortoriello says. Although he still remains on call for emergencies, a staff of emergency room physicians has recently been employed by the hospital. Dr. Tortoriello says the new system allows him more time with his family.

He believes rural areas need to arrange for group practices if they intend to attract more physicians to remote areas. Dr. Tortoriello said he knows of some family physicians who left their private practice solely due to burnout. "There isn't any time off," he said. "We're on call 24 hours a day, seven days a week. They can't continue to function on that schedule and it soon causes burnout."

Independence is the main advantage that Bruce Steffens, M.D., sees in his solo family practice in Moline. "You're the boss," he says. "You don't have to answer to a group or committee. You can run your business the way you want. You're in control of your destiny." Dr. Steffens began his family practice in 1978 at Rock Island and later moved to Moline.

Because of the enormous expense involved with a private practice, Dr. Steffens also predicts many young physicians will opt to join a group upon completion of their residency.

"It's very intimidating to start on your own. It's hard," he said. "There's a sense of warmth associated with being in a group."

Dr. Steffens says he has "the best of both worlds," referring to his joint purchases with other solo physicians with whom he shares call duty. That relationship overcomes the two disadvantages that solo physicians cite in their practices—the cost of new equipment and the lack of leisure time.

Lee Sacks, M.D., past president of the Illinois Academy of Family physicians and a member of Metro Family Practice in Des Plaines, says most group physicians list their lack of independence as the top disadvantage of their work situation. "In any group you can't always do things the way you want. You have to reach a compromise on everything," he says.

But for most, the advantages of consistent coverage, expense sharing, time off and more predictable hours, prevail over the few downfalls. Dr. Sacks notes that most patients are realistic about coverage their physicians can offer. "Most patients have come to learn that they may see the other physicians. Most patients like the idea that they are covered seven days a week," he adds.

The challenge that lies ahead for rural areas is attracting physicians to those areas that cannot support large groups. "The days of solo practice, especially in urban and suburban areas, is probably very limited," Dr. Sacks says. Though most physicians agree that group practices will soon dominate the medical scene, many family physicians continue to choose to make their success in private practice. ▲

NIU course and Lake County dinner show mutual interests

Doctors and lawyers meet in the classroom and at conferences

"IF PRACTICING physicians don't have much exposure to the malpractice system and what's going on in the legal system, they're probably operating under an ignorance that will ultimately be detrimental to their practices," said Mona Khanna, a third-year medical student at the University of Illinois (UI) College of Medicine in Rockford.

Though still a student, Khanna and other future physicians are getting the legal point of view of medical malpractice litigation—and they're getting it from lawyers. The students' classroom experiences—and an annual doctor/lawyer gathering in Lake County—might be seen as tentative steps toward building mutual professional understanding here in Illinois.

Last fall, 13 medical students and residents, including Khanna, joined 10 Northern Illinois University (NIU) law students in a course to learn about each others' professions.

"The purpose of the course was to have actually in the same classroom, law students, family practice residents and medical students, so they could gain mutual understanding of the types of professional backgrounds they each come from," said Frank Chmelik, M.D., a clinical associate professor at UI.

Dr. Chmelik and Samuel Oddi, an NIU law professor, taught the students by presenting both medical and legal malpractice cases and then discussing the suits' similarities.

"We don't understand how doctors make decisions," said Oddi. "And doctors don't understand how lawyers make decisions. So in the beginning of the course, I gave the medical students and residents a three-week mini-course while Dr. Chmelik taught the law students for three weeks. When we got back together, the medical students now had at least some legal vocabulary of what a negligence cause of action was and how the court system works. Likewise, the law students gained some background in medical decisionmaking."

"It's very important for medical students, especially, to know how the law plays into medicine, because we're at the outset of our residencies and practices," said Khanna, who also plans to pursue a law degree ten years after completing medical school. "However," she continued, "we are becoming more conscious and aware of the role the legal system plays in medicine. Government seems to be intervening a lot more in medicine and Medicare payments seem to be much more restrictive; along with that comes more patient consciousness of their own rights. That was helped produce an increasing amount of litigation in medicine."

"There should be more classes that help law students and medical students understand each other's professions," said Bob Kelleher, a third-year NIU law student. "The course was interesting because I got to see the physician's point of view. In law school, we don't necessarily see this. Would I be discouraged from bringing a lawsuit because of this knowledge about the medical profession? No, but it gave me a better understanding of how to communicate with members of that profession, made me aware of some of their fears and apprehensions and what they have to deal with."

Oddi said the course is still in an experimental stage, but will be offered again next fall and spring.

Lake County doctors and lawyers gather together annually

The classroom is not the only forum bringing doctors and lawyers together. On February 20, members of both professions attended the tenth annual Lake County Medical Society's (LCMS) lawyers and doctors dinner held in Grayslake. Each year, the medical and legal professions present alternate speakers at the event. Chief Justice Thomas J. Moran of the Illinois Supreme Court spoke on the issue of whether a guardian has the right to refuse life-sustaining, artificial nutrition and hydration on behalf of an incompetent and seriously ill patient.

While declining to comment on the potential outcome of *Cruzan v. Missouri Department of Health,* a case which revolves around the issue of refusal of life-sustaining care, Moran said the *Cruzan* opinion will have a profound impact on the legal and medical professions, as well as on state legislatures, state judiciaries and families of incompetent or seriously ill patients.

"There is no doubt, this is a very emotional matter when families are involved in such situations," Moran said. "I would ask you to step into the shoes of the respective families. What would you do?"

More than 100 lawyers and doctors attending the dinner came away with different opinions about the two professions' relations. "I think it's important to show we have a tremendous number of problems we have to solve together, such as AIDS with its legal complications, the problems with the handicapped and individuals dependent on extreme life-saving methods," said Richard Wilbur, M.D., LCMS liaison to the Lake County Bar Association. "Lawyers are enormously helpful in these situations."

"There are many areas in the two professions where we share similar points of view and work together," said Illinois State Medical Society Trustee David B. Littman, M.D., a Lake County internist. "But there are other areas, like malpractice, in which we are so disparate. I do think it is important we continue to try and achieve resolution."

"I think all of us are very concerned about the cost of doing business," said Gerald Snyder, Jr., president of the Lake County Bar Association. "We know about the malpractice problems in both professions, but the two professions have very common problems and goals, and that is to serve the public in the best possible way." ▲



Wm. Daniels/The Photo Partners

(from l to r) Chief Justice Thomas J. Moran of the Illinois Supreme Court talks with Richard Wilbur, M.D., Lake County Medical Society liaison to the Lake County Bar Association and Robert Snook, Sr., LCBA medical-legal committee chairman.

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

Snapshot

What's it like to be a doctor?

As Doctors' Day 1990 approached March 30, Illinois Medicine *spoke to pediatric patients at Chicago's Mercy Hospital, asking them what it would be like to be a doctor. Here's a sample of what they had to say. (Photos by Terry Vitacco)*



Lauren Russell, 5 years old

Doctors have full days because lots of patients are at the hospitals. Since the hospital has people that are sick, I would go around and ask them about their problems and solve them. I would help sick people by getting them relief, fast! If we didn't have doctors, nobody can get help.



Devon Lee Braun, 3 years old

If I was a doctor, I'd put medicine in people's mouths to make them feel better. I want to be a man doctor so I can give medicine to people, like my mom, to make their bowel movements better. I like doctors because my doctor gave me candy when I was a good boy and gave my little brother a baby sucker.



Troy Strope, 8 years old

When I grow up, I want to be a doctor that takes care of little children. If I was a doctor, I would have a thousand people around me and I would say to my patients every day, 'How do you feel, are you all right?' Doctors are good people because they take care of us when we're hurt. They're nice to children and nice to big people, too.



Eugene Norment, 16 years old

I wouldn't want to be a doctor because it's too much trouble and too hard examining patients. It's a scary profession to go into because there are all these new diseases like AIDS. But doctors are important to this world, some of them. A good doctor would give you lots of good information and try to explain more about what's wrong with you. ▲

In Focus

The Kirks: together as physicians and as a family

by Vicki Gerson

IT'S NOT unusual to find one of your children impressed with your profession and willing to consider it as a career. But it *is* unusual to have *all* of your children choose your field.

Harold Kirk, M.D., father of four, never pressured his children to become ophthalmologists. Yet, Scott, 36; Todd, 35; Kent, 34; and Ann, 32; followed his professional lead anyway.

"We never tried to tell our kids what profession to enter. In fact," says Dr. Kirk, "I never told them to go into medicine. So it was surprising for all four of them to get into medical school; and it was more amazing for all four to go into ophthalmology."

As a result of these career decisions, Dr. Scott entered the practice six years ago, and almost four years ago Dr. Kent did the same. Until that time, Dr. Harold had been a solo practitioner, in Oak Park. In order to accommodate the addition of his two sons, in December, 1986, Dr. Harold built a large outpatient surgery center in River Forest.

Says Dr. Harold, who went to grammar school in a one-room North Dakota country school and studied in the coal shed, "When I was in my third year of medical school at Northwestern University, my counselor explained why I couldn't go back to North Dakota and become a family practitioner like I had always dreamed of doing. My heart had been affected by rheumatic fever when I was ten, and I needed a specialty with regular hours."

At first, Dr. Harold was disappointed and unhappy with his counselor's recommendation. But during his internship, he was impressed by the ophthalmologists he met and decided that ophthalmology "wasn't so bad after all."



The Kirk family (left to right): Dr. Todd, Dr. Harold, Elaine (Dr. Harold's wife), Dr. Scott, Dr. Kent. Seated in front: Dr. Ann Kirk Williams.

Once Dr. Harold was in practice, all of the youngsters went with him on his Sunday rounds at the hospital. "Many times after going on rounds with Dad, we'd go fishing or hunting," says Dr. Kent.

Though all four children selected their father's chosen profession, it wasn't always a clear-cut decision. Dr. Scott seriously considered becoming a neurosurgeon. "In medical school neurosurgery had lots of excitement and glamour. Then I spent some time with a private neurosurgeon and reality set in. The hours are very demanding. You don't have a free night, and the lifestyle isn't as good as in ophthalmology."

Another factor which persuaded Dr. Scott to become an ophthalmologist was the fact that in neurosurgical practice, a patient may remain quite disabled. "In ophthalmology," he says, "you do some amazing things to help people's vision, and your success rate is so high."

Dr. Kent went through medical school with one thought in mind: "I didn't want to trail one right after another like ducks in a line." He says he seriously considered a career in orthopedics. But when faced with a final decision, he realized that ophthalmology provided him with the best of both worlds, surgery and regularity of hours.

Dr. Kent notes: "I never had the opportunity to look at other practices. My dad and brother were getting busier, and they assumed I was coming."

Though Dr. Todd, in solo practice in Oak Lawn, and Dr. Ann, with the Michael Reese Health Plan (her husband, Doug Williams, M.D., is an ophthalmologist in private practice), decided to strike out on their own, every Sunday night the family gets together for their "journal club." "All six of us discuss the ophthalmology journals and keep up with the latest information in medicine," says Dr. Harold. "This type of club usually exists only at the medical schools."

Besides having their profession in common, this is a family that also plays together. For the past 17 years, the entire family has gone camping each spring at Disney World. "We haven't missed a year," proudly states Dr. Harold.

None of the children live farther than an hour away from their parents. In fact, because Dr. Scott and Dr. Kent live within four blocks of their former home, Dr. Harold even sees his grandchildren on their way to school.

Dr. Harold attributes his success in making his children productive, successful adults to their strong family ties. "Whenever the kids were in something—track, football, whatever—we were always behind them," he says. "My wife and I always encouraged them to do their best."

Dr. Scott believes their three-man practice has been beneficial to all of them. "My brother and I get the benefit of Dad's 30 years of experience; on the other hand, he lets us direct the practice for the future and is willing to make changes."

And what does the future hold for the Kirk family?

"If Ann or Todd want to join the practice in the future, there will be room for them," Dr. Kent says. "We'd just open satellite offices and keep this location as the surgery center." ▲



by Judy Alsofrom

Rare meningitis crops up again downstate

Residents of Madison County flocked to a free clinic last month to receive *Neisseria meningitidis* vaccinations.

The clinic, co-sponsored by the Madison County Medical Society (MCMS) and the Illinois Department of Public Health (IDPH), opened in response to a significant outbreak of this rare form of meningitis in a small community.

Two cases of the Group C form of the disease, most commonly associated today with pilgrims visiting Mecca, were first reported to public health officials late last year. When a third case came to light—all appeared at the local high school—public health officials recommended administering risampin prophylaxis to the school's students and employees. This antibiotic kills the *Neisseria menigitidis* present in the mucus membranes of the nasopharynx.

Seven weeks after the call for risampin prophylaxis, a fourth case of the disease was reported, this time in a local elementary school. Presented with four cases in four months, IDPH officials scrambled to consult with the board of public health advisors and the federal Centers for Disease Control. The incidence rate was now at 1200 cases per 100,000 population, while the normal incidence rate is one case per 100,000 population per year. The recommendation now was for risampin prophylaxis for the elementary school population and vaccination of the entire community with quadrivalent meningicoccal vaccine.

The last case of *Neisseria menigitidis* was reported February 25, and by March 2 the MCMS and IDPH had set up a free clinic and vaccinated 1,300 people. After ordering the rest of the vaccine manufacturer's supply—300 doses—the free clinic was again set up March 6.

Salmonella outbreaks

There have been a small number of salmonella outbreaks around the state recently, prompting public health officials to warn physicians to suspect salmonella in diarrheal illnesses and to ask that diagnosis of salmonellosis be made by culture.

Influenza reported sporadic

As the influenza season draws to a close with the coming of spring, IDPH officials report only sporadic outbreaks, and basically "very little activity" for most of this year. It has been a "light" flu season for Illinois compared to the rest of the country, officials said.

New AIDS cases down

The reported number of new AIDS cases is also down, below initial projections for the state. The cumulative number of cases for the state (since reporting began in the 1980s) is now 3,660, with 37 cases reported during the month of February. The national cumulative total to date for adults and adolescents is 119,500; for children, 2,055. The case fatality rate nationally is 59.8 percent and for the state 61 percent. ▲

ISMS PHYSICIAN HELP LINE
312-580-2499.

The PHYSICIAN HELP LINE is a confidential, physician-directed advocacy service, linking mentally or physically impaired physicians and their families with helpful resources. Call the PHYSICIAN HELP LINE, when someone you know needs help. 312-580-2499. ▲

Obituaries

*indicates ISMS member
**indicates member of ISMS Fifty Year Club

****Belniak**
Louis J. Belniak, M.D., of Deerfield, died August 22, 1989 at the age of 75. Dr. Belniak was a 1940 graduate of Loyola University Stritch School of Medicine, Chicago.

***Borgerson**
Robert J. Borgerson, M.D., of Chicago, died August 12, 1989 at the age of 69. Dr. Borgerson was a 1943 graduate of the University of Illinois College of Medicine, Chicago.

****Buchbinder**
William C. Buchbinder, M.D., of Highland Park, died August 4, 1989 at the age of 95. Dr. Buchbinder was a 1922 graduate of Rush Medical College, Chicago.

****Carlson**
Helen B. Carlson, M.D., of Bayside, CA (formerly of Winnetka) died April 26, 1989 at the age of 75. Dr. Carlson was a 1940 graduate of Rush Medical College, Chicago.

***Carroll**
Eugene J. Carroll, Jr., M.D., of Eureka, died August 18, 1989 at the age of 70. Dr. Carroll was a 1944 graduate of the University of Louisville School of Medicine, Louisville, KY.

****Costigan**
Clarence S. Costigan, M.D., of Moline, died August 13, 1989 at the age of 81. Dr. Costigan was a 1934 graduate of the University of Illinois College of Medicine, Chicago.

***Diaz-Perez**
Luis Diaz-Perez, M.D., of Chicago, died August 7, 1989 at the age of 70. Dr. Diaz-Perez was a 1945 graduate of Facultad de Medicina de la Universidad de Santo Domingo, Ciudad Trujillo, Dominican Republic.

***Dixon**
Noah M. Dixon, M.D., of Springfield, died August 16, 1989 at the age of 64. Dr. Dixon was a 1951 graduate of Northwestern University Medical School, Chicago.

***Goldberg**
Erwin L. Goldberg, M.D., of Chicago, died August 13, 1989 at the age of 69. Dr. Goldberg was a 1944 graduate of Chicago Medical School.

***La Placa**
Gerald R. La Placa, M.D., of Flossmoor, died July 16, 1989 at the age of 48. Dr. La Placa was a 1965 graduate of Northwestern University Medical School, Chicago.

Lange
Kurt V. Lange, M.D., of Chicago, died July 27, 1989 at the age of 26. Dr. Lange was a 1989 graduate of Cornell University Medical College, New York, NY.

***Morris**
John J. Morris of Chicago died July 21, 1989 at the age of 24. Mr. Morris was a first-year medical student at the University of Illinois College of Medicine, Champaign.

****Nauman**
Ralph W. Nauman, M.D., of Western Springs, died April 14, 1989 at the age of 85. Dr. Nauman was a 1929 graduate of Northwestern University Medical School, Chicago.

***Nickey**
William M. Nickey, M.D., of Springfield, died July 15, 1989 at the age of 59. Dr. Nickey was a 1952 graduate of the University of Tennessee College of Medicine, Memphis.

****Plice**
Samuel G. Plice, M.D., of Minneapolis, MN (formerly of Chicago), died May 3, 1989 at the age of 91. Dr. Plice was a 1922 graduate of the University of Illinois College of Medicine, Chicago.

***Robinson**
David Robinson, D.O., of Orland Park, died July 23, 1989 at the age of 65. Dr. Robinson was a 1954 graduate of the Chicago College of Osteopathy.

***Sotorrio**
Rene A. Sotorrio, M.D., of Chicago, died July 21, 1989 at the age of 68. Dr. Sotorrio was a 1944 graduate of Facultad de Medicina de la Universidad de La Habana, Havana, Cuba.

****Stern**
Erich Stern, M.D., of Decatur, died July 8, 1989 at the age of 89. Dr. Stern was a 1925 graduate of Medizinische Fakultaet der Universitaet Koln, Koln, Germany.

****Sternheimer**
Rose E. Sternheimer, M.D., of Chicago, died April 25, 1989 at the age of 81. Dr. Sternheimer was a 1933 graduate of Friedrich-Wilhelms Universitaet Medizinische Fakultaet, Berlin, Germany. ▲

ISMS & its component societies present:

TRAVEL PROGRAMS 1990

✻ ALPINE HOLIDAY ✻

September 9-17 -- Kitzbuhel, near Salzburg, is a cosmopolitan resort situated in the Tyrolean Alps in Austria. Optional side trips to Vienna and Venice are available.

𝄞 EDINBURGH FESTIVAL & LONDON ♪ ♫

August 21-28 -- Pageantry and grandeur highlight this exciting trip to Scotland and England. A special feature is the trip through the countryside on the "Flying Scotsman" train.

NEW ENGLAND FOLIAGE

October 12-18 -- Autumn in New England begins in Boston. The scenic wonders of New Hampshire, Vermont and Lake Placid, New York become a photographer's paradise. A stop at Old Sturbridge Village is a must.

Brochures will be mailed within the next few weeks. If you have any questions on these programs, please contact ISMS Meeting and Travel Services, (312) 782-1654 or 1-800-782-ISMS (4767).



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by The Hardy Group, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

FROM THE ILLINOIS NEWS DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

OCTOBER 1989

The physician and surgeon license of Inno U. Obasi, 55 E. Washington, Chicago, was suspended pending proceedings before the Medical Disciplinary Board of the State of Illinois.

The physician and surgeon license of Karin V. Rhodes, 1415 Lake St., Evanston, was reprimanded and fined five hundred dollars ($500) after she practiced medicine while her license was in a nonrenewed status from August 23, 1987 to August 2, 1988.

The physician and surgeon license of Clarence A. DeLima, 327G Forest Park Dr., Dayton, OH, was indefinitely suspended after his Ohio license was disciplined.

The physician and surgeon and controlled substances licenses of Gregory K. Huss, 14 Oakwood Dr., Springfield, were restored to active status after he petitioned the Department to terminate the licenses' probation.

The physician and surgeon license of James R. Johnson, 5858 S. Francisco, Chicago, was placed on two (2) years' probation after, on one (1) occasion, he participated in the transfer of "street" cocaine.

The physician and surgeon license of Charles K. Fischer, 1045 E. McCord, Centralia, was placed on one (1) year's probation after he improperly transferred a patient from a treatment center to a hospital.

The physician and surgeon license of Donald H. Hanscom, 528 W. Maple, Hinsdale, was reprimanded after he did not meet the standard of care expected of a physician specializing in gastroenterology.

The physician and surgeon license of William F. Hensold, 7 N. Virginia Ave., Danville, was reprimanded after he became aware of a suspected case of child abuse and failed to report it to the Department of Children and Family Services. The child was not a patient of his and at no time did he examine the child.

The physician and surgeon license of Mark G. Ruttle, 9700 Pebble Dr., Palos Park, was reprimanded and fined five hundred dollars ($500) after he engaged in the unlicensed practice of medicine while his license was in nonrenewed status.

NOVEMBER 1989

The physician and surgeon license of Juan Vargas-Montano, 7318 N. Lowell Ave., Lincolnwood, was reprimanded and fined seven thousand dollars ($7,000) after he failed to renew his controlled substance license since September 2, 1982.

The physician and surgeon license of Stephen M. Levine, 3344 S. LaCienega Blvd., Los Angeles, CA, was placed on probation for three (3) years after his California license was disciplined.

The motion for rehearing for physician and surgeon license of Ciriaco C. Madamba, 6 W. Main St., Plano, was granted.

The physician and surgeon license of Prasad J. Athota, 4100 W. 3rd St., Dayton, OH, was indefinitely suspended after his Ohio license was revoked.

The physician and surgeon license of Werner A. Hauschild, 6027 Seventh Ave., Kenosha, WI, was revoked after it was found he suffers from physical and/or mental illnesses which result in his inability to practice medicine with reasonable judgment, skill or safety.

The physician and surgeon license of Benjamin M. Sy, 258 N. Loop, Savanna, was indefinitely suspended and fined ten thousand dollars ($10,000) after the Department filed a six (6) count complaint against him.

The physician and surgeon license of Joseph L. Abadie, 43 Devonshire Dr., Oak Brook, shall be voluntarily surrendered after information came to the Department that he may be physically disabled and not able to practice medicine with reasonable skill, safety and judgment.

The physician and surgeon license of Federico J. Aliaga, 4500 N. Winchester, Chicago, was placed on two (2) years' probation after he acted with unprofessional and unethical conduct while attending to a patient.

The physician and surgeon and controlled substance licenses of Pravin S. Shah, 7534 W. 63rd St., Summit, are indefinitely suspended after he prescribed and dispensed controlled substances for other than therapeutic purposes.

DECEMBER 1989

It is hereby ordered that the motion for rehearing of H.E. Galbreath, physician and surgeon, 107 S. Van Buren, West Frankfort, is granted.

The physician and surgeon James E. Hollingsworth, 220 Quinn Bldg., 1661 Shoreline Dr., Boise, ID, agreed to surrender his license after he and the Idaho State Board of Medicine entered into stipulation and order in which he agreed to submit to the Board, for their approval, a limited formulary of drugs and medications which can be dispensed out of his office. He agreed to avoid dispensing out of his office and will not dispense drugs or medications which are not on the approved list out of his office, but rather will write prescriptions to be filled by a pharmacy; maintain a complete and accurate inventory of any and all drugs and medications ordered for use in his office and for those drugs which are dispensed; and maintain more detailed written records of patient visits.

The physician and surgeon license of Ataulah Arain, 6900 S. Madison St., Willowbrook, was placed on twenty-four (24) months' probation. In or about October, 1988 he was indicted, found guilty and convicted of three (3) felony counts pertaining to his failure to file his 1984-86 Illinois tax returns.

The physician and surgeon license of Stanislaw Z. Komorowski, 3318 W. 59th St., Chicago, was suspended for six (6) months which will end January 28, 1990, when his license will be placed on two (2) years' probation and fined fifteen hundred dollars ($1,500). His controlled substance license will also be suspended for two (2) years. Additionally, he is ordered to complete at least fifty (50) hours in the Pharmacodynamics "Drug Training Program."

The physician and surgeon license of Alicia Crawford, 910 E. 131st, Chicago, was reprimanded and fined three thousand dollars ($3,000) after she practiced from August 1, 1987 until April 17, 1989, while her license as a physician and surgeon was nonrenewed.

The physician and surgeon and controlled substance licenses of Bernard Block, 58 Oak Ln., Lake Forest, were placed on probation for five (5) years after he prescribed a Schedule II controlled substance, other than in the regular course of his professional practice: prescriptions were written for himself, his wife, son, and son's roommate, all of whom were members of his household.

The physician and surgeon license of Irvin B. Epstein, 3529 Stamford, Saginaw, MI, was revoked. On March 2, 1988, the Medical Licensing Board of Indiana indefinitely suspended his license to practice medicine in Indiana on the grounds that he was emotionally impaired and mentally disabled such that the indefinite suspension was necessary to protect the health and safety of the public.

The physician and surgeon license of Demetrios J. Giokaris, 4937 N. Fairfield, Chicago, heretofore issued to him to carry on the practice of medicine in the State of Illinois is restored. He shall successfully complete the SPEX exam within six (6) months of the date of this order. If he fails to successfully complete the SPEX exam within the said six (6) month period, it is ordered that his medical license shall be placed on indefinite suspension.

The physician and surgeon and controlled substance licenses of Rama R. Sundaresh, 1402 N. Sedgwick, Chicago, were revoked. He failed to meet a minimally acceptable standard of care, thereby demonstrating professional incompetence, and failed to establish effective controls against the diversion of controlled substances into other than legitimate medical channels. This "medical practice" was an immediate danger to the public health in that persons were given access to huge quantities of lethal, addicting substances on demand.

OPEN TO ALL PHYSICIANS

PHI RHO SIGMA
CENTENNIAL CELEBRATION
Chicago, Illinois
The Swiss Grand Hotel

Scientific Meeting
Saturday, April 7, 7:00 a.m. - 5:15 p.m.
Theme "Health Promotion and The Prevention of Disease"
Co-Chairman Tom Petty, Denver, and Meng Tan, Halifax

7:00 - 8:00	Registration and Coffee	
8:00	Welcome and Introduction	Tom Petty, Moderator AM
8:05	Preventing and Minimizing Heart Disease	Robert Roberts (Houston)
8:45	Preserving the Myocardium by Surgery	Gerald Rainer (Denver)
9:25	Preventing Anesthetic Accidents	James Arens (Galveston)
10:05	Coffee Break	
10:35	New Developments in Hemophilia	James Corrigan (Tuscon)
11:15	Early Diagnosis in Ovarian Cancer	James Neisler (Toledo)
12:00 - 1:30	Luncheon and Medalist Address "The Future of Health Care Delivery in The United States"	Steve Beering (West Lafayette)
1:30	Welcome to Afternoon Session	Meng Tan, Moderator PM
1:40	Dealing With Stress in Medicine	Deborah Allen (Indianapolis)
2:30	How to Eat Healthy	Meng Tan (Halifax)
3:20	Coffee Break	
3:40	Smoking Cessation for Health	Tom Petty (Denver)
4:30	The Prevention and/or Enjoyment of Aging	James Webster (Chicago)
5:15	Adjourn	

7 Category I credit hours have been approved by Northwestern University for this program.

PHI RHO SIGMA
Centennial Celebration

Yes - Please register me for the Continuing Education Program

Name _____

Address _____

_____ **Zip Code** _____

Phone ( ) _____

I will attend: **Yes** **No**

CME program & luncheon ($35) _____ _____

Celebration Banquet at 7PM following the CME program ($50) _____ _____

Check enclosed for $_____.

Make checks payable to Phi Rho Sigma.

Yes **No**

Please make my hotel reservation at the Swiss Grand _____ _____

Accommodations requested _____

Arrival Date _____

Date Departure _____

Mail this form to:

Shirley E. Schlessinger
Mgr. Phi Rho Sigma CME Program
400 E. Randolph Drive, Suite 1015
Chicago, IL. 60601
312-527-2011

News Capsules

Members in the news

Manus C. Kraff, M.D., of Chicago, will serve on the steering committee of Operation Focus, a national program whose primary objective is to inform Americans that their rights to make health care decisions are in jeopardy because of increased government intervention. Operation Focus is organized by members of the American Society of Cataract and Refractive Surgery (ASCRS) and other physicians and citizens concerned about the future of the American health care delivery system. Dr. Kraff is a member of the House of Delegates of the American Medical Association, and past president of ASCRS . . . The Chicago Radiological Society has selected **Raymond L. Del Fava, M.D.,** of Bannockburn, to receive its Distinguished Service Award, on the basis of outstanding teaching, research, organizational work, and practice in the field of radiology. Dr. Del Fava is chairman of radiology at St. Francis Hospital, Evanston.

William N. Werner, M.D., of Skokie, has been appointed chairman of the continuing medical education committee of the American College of Utilization Review Physicians. Dr. Werner is medical director of Republic-RSB Companies, Inc., and physician director of quality assurance and utilization review at Illinois Masonic Medical Center, Chicago. . . . **Ramesh C. Tripathi, M.D.,** of Chicago, was appointed member of the Illinois Asian American Advisory Council to the Governor by Governor James R. Thompson. Previously, the Illinois General Assembly passed two resolutions commending Dr. Tripathi for "enrichment of this state's scientific and academic heritage," and for "untiring devotion to medicine and research." Dr. Tripathi is a professor of ophthalmology and visual science at the University of Chicago. ▲

Primary elections

(continued from page 1)

for which are currently being discussed at the Chicago and Cook County health care summit. Phelan will face State Sen. Aldo DeAngelis (R-Chicago Heights) in November.

Startling upsets in key legislative races

In primary races in the legislature, three incumbents with long records of support for organized medicine were defeated by their challengers, in contests which could prove significant for physicians; while a leading advocate of mandatory assignment won the Democratic primary in north suburban Evanston.

After a hard-fought and extremely close race in District 55 in Chicago's northwest suburbs, Rep. Penny Pullen (R-Park Ridge), a conservative, appeared to lose out to her more liberal challenger Rosemary Mulligan by a margin of fewer than 100 votes, in a battle which had been billed by both opponents and supporters of legal abortion as a showdown.

Pullen has been the most prominent leader of the "pro-life" forces in the legislature, but has also consistently supported the goals of organized medicine, including tort reform. Mulligan, who had been supported by the National Education Association and the National Organization for Women, was making a first run for the Illinois House.



Jim Edgar, the Republican gubernatorial nominee

In west suburban District 40, Rep. Gene L. Hoffman (R-Elmhurst) went down in defeat before challenger Dan Cronin, an attorney whose father is an Elmhurst orthopedic surgeon. In a race in which taxes and abortion were issues (Cronin opposed tax increases and attacked Hoffman's pro-choice stance), Cronin took 58 percent of the vote against Hoffman's 42 percent. Hoffman has been a solid supporter of physicians and organized medicine in his 13 terms in the House.

Three-term incumbent Ralph H. Barger (R-Wheaton), was bested by three-time challenger Vince Persico, a Milton Township trustee and schoolteacher. The abortion issue appeared in this campaign as well: Barger has gone on record as "pro-life," Persico as "pro-choice." Barger has traditionally supported organized medicine, including physicians' calls for caps on non-economic damages in medical malpractice litigation.

On Chicago's north shore, Janice D. Schakowsky of Evanston, executive director of the Illinois State Council of Senior Citizens' Organizations (ISCSCO), defeated Jonathan Baum, an Evanston attorney, in a contest to see who would replace Woods Bowman (D-Evanston), who vacated his District 4 seat in an unsuccessful run for state comptroller. The ISCSCO's top priority in past legislative sessions has been introducing mandatory assignment. Schakowsky will face Republican primary victor Evanston Mayor Joan Barr in the fall. ▲

Match

(continued from page 1)

Similarly, there are three reasons accounting for applicants not being matched with their most preferred program: the program was filled with applicants it preferred, the program did not rank the applicant, or the program was withdrawn.

Children's Memorial Hospital (22 positions), Edgewater Medical Center (7), Illinois State Psychiatric Institute (3), Mercy Hospital and Medical Center (11), and University of Illinois/Ravenswood Hospital (4), all in Chicago, and West Suburban Hospital Medical Center (17) in Oak Park, each matched 100 percent of the positions they offered.

Among Chicago's largest programs, Northwestern University's McGaw Medical Center matched 126 of its 133 positions, or 95 percent, and the University of Chicago Hospitals matched 84 of its 92 positions, or 91 percent. These were closely followed by Rush-Presbyterian-St. Lukes Hospital and Medical Center with 106 of 122 positions (89 percent) matched, Cook County Hospital with 74 of 90 positions (82 percent) matched, and Loyola University Medical Center with 78 of 99 (79 percent) matched.

UI holds ground in its match

Concerns that the controversy surrounding the proposed affiliation between the University of Illinois Hospital (UIH) and the Michael Reese Hospital and Medical Center (MRMC) might preclude UIH from substantially improving its performance over 1989 proved justified. This year, 58 of 105 UIH slated positions, or 55 percent, were matched. This is only a slight improvement over 1989 results when UIH matched 48 of 94 positions, or 51 percent. MRMC, with whom the university eventually implemented a modified affiliation, matched 63 of its 51 positions, or 80 percent.

According to the NRMP official results, UIH took its biggest hit in its pediatrics program, where it matched only one of 18 positions offered. Saying the results in medicine and pediatrics were expected and "reflect difficulties at the national level in these specialties," UI College of Medicine Dean Gerald S. Moss, M.D. expressed satisfaction with the match results in several other areas. He added that "The difficulties of the past 18 months are largely behind us," and that the university is "now on a solid course of rebuilding both the College and the university hospital."

The UIH pediatrics program, relocated to MRMC last spring over the strenuous objections of UI faculty, has reopened, but is not yet at full strength, according to a UI spokesperson. The pediatric intensive care unit is scheduled to reopen in July.

Downstate, Southern Illinois University School of Medicine matched 28 of its 48 positions offered, or 58 percent, and the University of Illinois at Peoria/St. Francis matched 21 of 38 positions, or 55 percent. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Family physician—well-equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating, etc. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone—(618) 285-6634.

Twenty-nine physician multispecialty clinic located in desirable east central Wisconsin location is seeking board certified or board qualified orthopedic surgeon to round out its services. Lab, x-ray, excellent hospital. Liberal guarantee and benefits. If interested contact D.F. Sweet, M.D., Fond du Lac Clinic, S. C., 80 Sheboygan Street, Fond du Lac, Wisconsin 54935.

Family practitioners, East Central Illinois. Immediate openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice (group or solo). Attractive support package including benefits. Small, friendly community of 10,000, family oriented environment. Service area of 30,000 people. Located three hours from both Chicago and St. Louis, 90 minutes from Indianapolis, Ind. Exceptional recreational, cultural, and educational opportunities. Modern, well-equipped, 49-bed, JCAH accredited facility. Contact: John M. Dillon, Administrator, Paris Community Hospital, East Court Street, Paris, IL 61944; (217) 465-4141.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Medical center seeking physicians to work part time or on a time share office arrangement in the following specialties: gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Sue Shidler, Administrator, 1455 Golf Road, Suite 204, Des Plaines, IL 60017-2237 or call 708/390-9300.

Healthline Physician Services, an affiliate of St. Louis University Medical Center, is recruiting for an emergency department medical director and staff

physicians at Hannibal Regional; Hannibal, Missouri. Growth oriented program in historic Missouri river town. Good compensation, benefits, paid liability. Part-time/locum tenens also available. Contact Gerry Liebmann Healthline Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, Missouri 63108; 1-800-443-3901.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparoscopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

HealthLine Physician Services, affiliated with St. Louis University Medical Center, has full-time opportunities for the following specialties: BC family practice, BC pediatrics, BC or BE internal medicine. Income guaranteed, no capital investment. HealthLine also has part-time/full-time emergency medicine, clinic, locum tenens positions throughout the St. Louis area and nearby central/southern Illinois. Paid malpractice, flexible schedules, no call, no overhead; challenging medicine. Contact: Gerry Liebmann, HealthLine Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, MO 63108. 1-800-443-3901.

Meyer Medical Group, 28 physician primary care group with offices in S.W. Chicago and Orland Park seeking board certified/board eligible physicians from good programs in OB/Gyn, internal medicine, and peds. Write to Medical Director, Meyer Medical Group, 10444 S. Kedzie Ave., Chicago, IL 60655.

Family practitioner-physician, preferably BC/BE to join solo family physician in southwestern Illinois. Computerized, organized, very high collection rate. P.O. Box 655, Granite City, IL 62040.

Ob/Gyn—family practice—general surgery—inter-nal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc.; 12724 N. Maplecrest Lane; Mequon, WI 53092; 1-800-243-4353.

Missouri family practice group seeks fourth phy-sician, BC or BE, for historic community with two private colleges, near major university and medical center. Beautiful area. Recreation and cultural activities. Guarantee and other benefits. Reply in confidence to Mary Murphy, Jonas Physician Search. 1-800-544-6728.

Emergency medicine positions available through-out Illinois and Indiana. Part-time, full-time and medical director opportunities in various settings from low-volume emergency departments to high-volume trauma centers. Physicians earn competitive hourly rates and are offered the best malpractice insurance in the industry. No on-call duty or overhead office expenses. Call Joan E. Logel, Spectrum Emergency Care, 1-800-325-3982, ext. 3087 or 314/878-2280, ext. 3087.

Anesthesiologist BE/BC to join established group. Opportunities include private practice, fee-for-service and supervision of CRNA's. Experience in pain management desirable. Send CV to Cynthia Alexander, M.D., 221 N.E. Glen Oak, Peoria, IL 61636.

Internist/ob/gyne/family practice—position is available July, 1990. Accredited ambulatory care facility provides medical services to student clientele. Full-time, 11 month position, competitive salary/benefit package and 40 hour week. Qualifications: M.D./D.O. degree, ability to obtain Illinois license, current DEA registration, and board eligible/certified. Search continued until position filled. Contact Glenn Weiss, M.D., Medical Director, Student Health Service, Illinois State University, Normal, IL 61761; 309/438-8655. Women and minorities are encouraged to apply. Affirmative Action/Equal Opportunity Employer.

Psychiatrist. Progressive mental health center in central Illinois. Pleasant community/attractive salary. Contact Annashae Corporation, 6593 Wilson Mills Road, Cleveland, OH 44143-3404; 800/245-2662.

Central Illinois—immediate opening for Illinois licensed primary care physician. Pleasant community/professional environment. Contact Annashae Corporation, 6593 Wilson Mills Road, Cleveland, OH 44143-3404; 800/245-2662.

Southwest Illinois. Position available for an Illinois licensed primary care physician. Pleasant professional environment. Contact Annashae Corporation, 6593 Wilson Mills Road, Cleveland, OH 44143-3404; 800/245-2662.

Cardiologist—invasive/non-invasive, BC/BE, wanted June/July 1990 to join busy two-physician internal medicine practice located in northern Illinois. Excellent salary and benefits. Send vitae/resume to Box 2168, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family physicians needed to join Carle Clinic in Mattoon, Illinois, a university community of 23,000. Two family physicians are needed in multi-specialty clinic. This clinic serves a seven county area with a unique blend of agriculture, industrial, and professional population. Liberal fringe benefits; salary leading to equal ownership, malpractice coverage. If interested, please write including CV, to Robert C. Parker, Jr., M.D., 602 West University, Urbana, IL 61801, or call collect at 217/337-3417.

Nationwide practice opportunities. All specialties. Fees paid by clients. Call: Wanda Parker, E.G. Todd Associates, Inc., 535 Fifth Avenue, Suite 1100, New York, NY 10017. 800/221-4762, or 800/599-6200.

Family physicians: BC/BE wanted for branch clin-ics in thriving communities. Branch physicians are part of a large multi-specialty group practice in central Illinois which provides financial, administrative, educational, and medical specialty support. Liberal fringe benefits; malpractice coverage, and salary leading to equal ownership. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, 602 West University, Urbana, IL 61801.

Chicago—seeking director, full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795, or in Michigan 1-800-632-3496.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Family practice. Affluent Chicago suburb—busy, growing practice needs BC/BE family physician for 7/90. Four person call rotation. No OB. Recently moved to new, multispecialty building with excellent support services including CT. Location perfect for families with top school system. Competitive salary and generous benefit package. Partnership possible after two years. Send letter and CV to Box 2167, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Cardiologist, board certified/board eligible, wanted for well established cardiology-internal medicine practice in Northwestern Illinois. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2158, c/o *Illinois Medicine*, 20 North Michigan Avenue, Suite 700, Chicago, IL 60602.

Full-time general practitioner and pediatrician needed in the Champaign, Illinois area. You will have patients scheduled in 15-minute intervals. Reimbursement is based on a fee-for-service contract with a minimal guarantee. Excellent occurrence based insurance, and CME/relocation allowance. If you would like to work Monday through Friday, 8am to 5pm, this is the opportunity for you. Please contact Ben Hatten, Spectrum Emergency Care, P.O. Box 27352, St. Louis, MO 63141, or 1-800-325-3982 ext. 3004.

Primary care physician: Marshfield Clinic is seek-ing a primary care physician to join its expanding seven-member emergency medicine department. Emergency medicine, urgent and ambulatory care, plus supervision and training of ER staff contribute to a very stimulating practice environment. More than 26,000 ER visits and 13,000 ambulatory care visits annually. Marshfield Clinic is a private group practice consisting of 350 physicians representing all surgical and medical specialties and is physically adjacent to Saint Joseph's Hospital, a 525-bed acute care teaching facility. Send curriculum vitae to: John P. Folz, Assistant Director, Marshfield Clinic, Marshfield, WI 54449 or call collect at 715/387-5181.

BC/BE radiologist wanted for locum tenens posi-tion in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Avenue, Champaign, IL 61820.

Maglio & Company, Inc., Physician Search, pre-sents excellent practice opportunities in your home state and the midwest to physicians in all specialties. No fees to physician candidates; hospitals, clinics, etc., pay our retained fees. Free CV service. Call toll free for more information, 1-800-999-4731, or send CV to Jackie Laske, Maglio & Company, Inc., 450 North Sunnyslope Road, Brookfield, WI 53005.

Minnesota—lakes and trees. Family physician to join five others in progressive multi-specialty group including internal medicine and surgery. Outstanding 42 bed district hospital with 130 bed long term care facility. Excellent schools and services with easy access to metro area. Guaranteed salary, full benefits, and bonus. Position available immediately, for confidential consideration and further information, contact: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect: 612/454-7291.

Internist—great opportunity! Very busy, young solo internist seeking ambitious associate. Family oriented community on Lake Winnebago with a population of 40,000. No HMOs or PPOs. A unique opportunity for someone who is genuinely interested in internal medicine and in its subspecialties. An interest in critical care would be of importance. Send CVs to Michael Sergi, M.D., 14 North Main Street, Fond du Lac, WI 54953.

The Department of Family and Community Medi-cine, University of Illinois College of Medicine, Rockford, is expanding and seeks applications for full-time clinical faculty as instructors in family practice residency or undergraduate ambulatory care teaching facilities. Responsibilities include teaching, patient care and research. ABFP board certified/eligible. Teaching and practice experience preferred with OB optional. Salary/rank commensurate with experience. Competitive salary/fringe benefits. Inquiries and CV to L.P. Johnson, M.D., 1601 Parkview Avenue, Rockford, IL 61107. For fullest consideration submit application by July 1, 1990. The University of Illinois is an equal opportunity affirmative action employer.

Looking for an associate to run an established primary care practice with an option to take over the practice in a few months. Call 815/786-9767.

Southern Illinois: family life, outdoor recreation, university environment and traditional values available to physicians at Memorial Hospital in Carbondale, IL. A 153-bed facility, this level II trauma center treats 13,000 patients annually. Compensation includes hourly base, benefits and opportunities for extra income based on performance for qualified physicians. Emergency Medical Care, Inc. provides physician coverage and management support. Chesterfield, MO based EMC has for 12 years delivered professional services with highly qualified emergency medicine physicians. Contact: Jerry Thurman, D.O., 618/549-0721.

Rheumatologist: -115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE rheumatologist to join a department of three BC rheumatologists. Two year guarantee plus comprehensive benefit package offered. This area, which encompasses Appleton, Neenah, and Oshkosh with a combined population of 300,000-plus, offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln Street, Neenah, WI 54956; 414/727-2702.

Minneapolis/Saint Paul and surrounding commu-nities offer practice opportunities for specialists in: cardiology, dermatology, geriatrics, internal medicine, neurology, obstetrics and gynecology, oncology, ophthalmology, orthopedic surgery, pediatrics, rheumatology, surgery, locums. Contact: LifeSpan Health Care Services, 800 East 28th Street, Minneapolis, MN 55407; 612/863-4193, ask for Jerry Hess.

OB/gyn, family practitioners, internists, pediatri-cians, orthopedists and general/vascular surgeons: Immediate group/solo opportunities in Arizona (Phoenix, Tucson, and rural communities) and other western states. Numerous excellent positions also available throughout United States. All inquiries confidential. Mitchell & Associates, Inc., P.O. Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

General internist with psychiatry interest. Marsh-field Clinic multispecialty group practice with over 300 physicians is seeking a medical director for the inpatient psychiatry unit. A BC/BE internist with psychiatry experience is preferred. The medical directorship of the psychiatry unit is half time, and the applicant may develop the other portion of practice which could include a private practice or noncontinuity of care practice such as walk-in clinic, preop evaluation or employee health clinic. Competitive salary and outstanding fringe benefits. Send CV and references to David L. Draves, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect 715/387-5376.

General internist with interest in preoperative eval-uations. Marshfield Clinic multispecialty group practice with over 300 physicians is seeking a BE/BC general interest to staff a preoperative evaluation clinic. There is no hospital practice, night or weekend call. This is a half time position, and the applicant may develop the other half of practice which could include staffing a walk-in clinic; employee health clinic or development of a private practice. Competitive salary and outstanding fringe benefits. Send references and CV to David L. Draves, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect 715/387-5376.

General internist BC-BE to join small but growing practice in northwest suburbs of Chicago. Full partnership after two years. Call 708/351-8660.

ENT—Effingham, Illinois. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 North Maple Street, Effingham, IL 62401; 217/347-1324.

Situations Wanted

General practice and general surgery. Seeking po-sition solo practice in GP/GS, sponsored by a JCAH Hospital, not HMO. Illinois license, American Board eligible in surgery. Available now. Write: 10 Cottonwood, Apt. 811, Canyon, TX 79015.

Academic neurologist, EMG/neuromuscular sub-spec. interested in part time consulting. Medical groups, hospitals, insurance, industry. Provide full details in your reply. Box 2165, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board certified primary care physician with 15 years of clinical and administrative/management experience seeks position in management and/or administrative areas. Extensive experience in the managed care area including network development, utilization, and medical quality cost management. In depth knowledge in all areas of alternate delivery systems. Excellent interpersonal, communicative, and organizational skills. Reply to Box 2166, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Locum coverage available. Board certified licensed radiation oncologist. Reply to Box 2151, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General practitioner seeking part time position for practice in north central Illinois. Reply to Box 2155, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internist (BC) seeks part-time position Chicago northern suburbs. Reply to Box 2169, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Arlington Heights, Illinois: General office space available. 475-920 square feet. Ideal space for counseling center, psychiatrist or psychologist. Excellent location at Palatine Highway and Arlington Heights Road. Please call Jean Kulavic at 708/441-8236 for an appointment.

Historic 17-room home 40 minutes from downtown Chicago. Faces country club and features 3-room master suite w/fireplace, commercial kitchen, 5-car garage, security system. For private showing, call only Rita Clark at Coldwell Banker/Santefort-Naughton: 708/957-0600 or 708/799-4719.

Used medical equipment. Two examination tables, EK-8 EKG machine, wall mounted blood pressure instrument and many small items. Call 217/932-4425.

Exceptional primary care practice. Tired of city hassle, traffic disasters; come to the quiet lakeside city of St. Joseph, MI. Office completely equipped, staffed, computerized. Near good hospital. 3000 active patients, no HMO or Medicaid. Excellent collections. $70,000, terms. Call evenings. 616/429-4422 or write: Doctor's Office, P.O. Box 157, Stevensville, MI 49127-0157.

Southwestern Illinois urology practice available: owner anxious to sell. Grossing $360,000, asking $165,000. Well-established. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Miscellaneous

Published writer and author's editor with 10 years experience on RSNA, AMA, and leading specialty journals will ghostwrite clinical articles, edit symposia proceedings and manuscripts. Please direct inquiries to Marjorie Pannell, P.O. Box 803423, Chicago, IL 60680-3423; tel. 312/241-7015.

$5,000-$60,000: For physicians unsecured signa-ture loans. Available for debt consolidation, investments, tuition, relocations, purchase of medical practices or any need including taxes. Level payments up to six years. No prepayment penalty. For application call toll free: 1-800-331-4952, Dept. 114, MediVersal.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing, insurance filing: we provide fast, accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMO's or private insurance please contact LNJ Automated Data Services, 834 E. Rand Road, Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

April 18, 1990, 12:00 noon-6:00 pm. Seminar on "New Illinois State and Federal Regulations Affecting Physician Office Laboratory Testing" will be presented at Clock Tower Resort, Rockford, IL. Please send your registration of $75.00 to Med-Sources, 1080 Nerge Road, Elk Grove, IL 60007. Tel. 708/351-1770, fax 708/351-0061.

Now available—manual on Illinois state and federal regulations affecting physician office laboratory testing. 150 pages of information with step-by-step instructions on how to comply with the law. To order your copy send $125.00 to Med-Sources, 1080 Nerge Road, Elk Grove, IL 60007. Tel. 708/351-1770.

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

RISK MANAGEMENT

MANAGING RISK IS AN ESSENTIAL FOR PHYSICIANS IN TODAY'S MEDICAL-LEGAL CLIMATE.

Exchange physicians and staff show policyholders practical ways to reduce risk and prevent lawsuits–ranging from educational materials to counseling of individual physicians.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians
SINCE 1976

NATIONAL LIBRARY
APR 6 1990
OF MEDICINE

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

75986
84

W1 IL417L
V.2 NO.8 1990
C.01--------SEQ: SP0063601
TI: ILLINOIS MEDICINE

Illinois Medicine

April 13, 1990 ILLINOIS STATE MEDICAL SOCIETY

...tural health conference seeks solutions . . . 8

Exchange to give dividends

THERE'S GOOD NEWS to report this year for many insured Illinois physicians. The Illinois State Medical Inter-Insurance Exchange, the state's oldest and largest physician-owned malpractice company, will give dividends to policyholders insured with the Exchange in the 1986-87 policy year and who were active policyholders as of March 31, 1990. Only policyholders insured continuously from the 1986-87 policy period through March 31, 1990, will qualify.

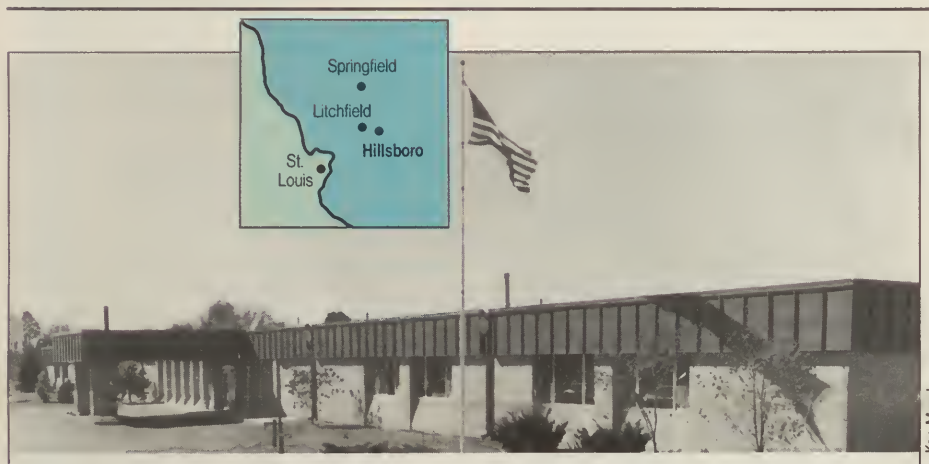
"We're elated that we can give dividends to so many policyholders," said Fred Z. White, M.D., Exchange chairman. "It's great to give something back to those who stuck by us. I'm proud to be a part of this good news story, especially since it hasn't always been so good."

No rate increase in 1990 for majority: see page 6

Approximately 7,900 policyholders will receive a total of six million dollars in dividends. Each qualifying policyholder will receive an average of 5.4 percent of the premium paid (less any surcharge) in the 1986-87 policy period, said Dr. White.

"Our objective has been and will continue to be pricing our coverage competitively while ensuring the Exchange's financial soundness," said Harold L. Jensen, M.D., Exchange investment committee chairman. "This dividend came about through a combination of making tough decisions in 1986 to switch to claims-made, and taking a conservative approach to the pricing of the new type of coverage. We didn't know then how successful our tort reform efforts would be in reducing frequency.

(continued on page 6)



Ken Meade

Negotiations are continuing in the walkout dispute between six physicians and the Hillsboro Area Hospital in Montgomery County. Above: Hillsboro Area Hospital.

Hillsboro Hospital physicians walk out

by Diane Oltman Ayers

LACK of communication between physicians and administration, physician input in administrative decisionmaking, and finances have become major issues—and led to a major impasse—in the ongoing physician walkout at Hillsboro Hospital in Montgomery County, now in its fourth week.

The doctors at this hospital in tiny Hillsboro (population 4,500) complain of a lack of input in hospital policy decisions, and a lack of respect from administrators. The hospital board has been unresponsive, they say, to repeated calls for change. They are demanding a complete financial audit of the hospital, a review of construction contracts and administrative hirings, and the dismissal of chief administrator Brian McDermott. They are also calling for two board seats to be reserved for physicians, and the removal of seven of the board's 15 members, including board president Robert Rikli.

The board was unaware of any serious problems until the doctors walked out, claimed hospital spokesperson Barbara Meade. "It was a real surprise," Meade said, when the doctors showed up at the board's March 14 meeting with a list of demands in hand. "They gave the board a half-hour to consider it, then they all resigned," she said.

The physicians aren't the only ones protesting the status quo: board members Earl Sorrels and Leland

(continued on page 14)

State high court hears certificate of merit case

by Caryl Carstens

PLAINTIFF AND DEFENSE attorneys squared off March 21 over the constitutionality of and need for Illinois' certificate of merit law, when the Illinois Supreme Court heard oral arguments in *DeLuna v. St. Elizabeth's Hospital and Michael Treister, M.D.*, the case which could decide the certificate's fate. Illinois' certificate of merit law, established by the General Assembly in 1985, has proved vital in the reduction of non-meritorious suits in medical malpractice.

"A medical malpractice case is like an archaeological dig," asserted Ruth E. Van Demark, who presented the defense case to the state's high court. "The medical affidavit seeks to determine what the case is and whether it should be explored," she said, comparing the affidavit to the surface survey which archaeologists must use to determine whether to dig at a particular site.

Arguing for the plaintiff, Michael W. Rathsack told the court that the certificate requirement "is a delegation of powers. The trial court's dismissal of the plaintiff's cases left him with no way to proceed," he argued, except to carry the case to the state supreme court. Rathsack has argued the certificate law places judicial au-

(continued on page 13)

A long and winding road for Illinois' certificate of merit

August 1985
Certificate of merit law goes into effect in Illinois.

April 1986
Guadalupe DeLuna files complaint against St. Elizabeth's Hospital and Michael Treister, M.D., without required certificate of merit.

February 1987
Trial court rules separately in favor of defendants.

June 1989
First District Appellate Court reverses trial court, declaring the certificate unconstitutional.

September 1989
Illinois Supreme Court grants ISMS' petition to file *amicus* brief.

October 1989
Illinois Supreme Court agrees to hear *DeLuna*.

December 22, 1989
Plaintiff DeLuna is granted motion for substitution of attorneys.

March 21, 1990
Illi...
arg...

In this issue

Ragsdale abortion settlement approved 3
Dr. Koop speaks on ethics of AIDS care 3
Letters to the Editor 5
Great moments in Illinois medicine 7
Optometrists seek new drug privileges 10

APR 13 ...

...ETHESDA
...MD 20894
...ROCKVILLE PIKE
...ISD - SERIALS
...NATIONAL LIBRARY OF MEDICINE
...3 DIGIT SCF 208

Summiteers debate draft action plan

by Kevin O'Brien

WITH A mid-April deadline barreling down on them, Chicago and Cook County health care summiteers met April 2 to review the draft action plan (see box) containing specific recommendations for improving the county's care of the medically needy.

While some summit members and community groups expressed dissatisfaction with certain elements of the plan, the consensus that has been slowly building during the summit process continued. The 500-page document is scheduled to be transmitted to Gov. James R. Thompson, Chicago Mayor Richard M. Daley and Cook County Board President George Dunne on April 18.

Concerns expressed about the plan itself centered mainly on the planned decentralization of the Cook County hospital system, which calls for a downsized replacement hospital for critical care services, and use of Provident Medical Center and Bethany Hospital for general care services. In addition, the University of Illinois Hospital has committed space for high-tech tertiary care services.

Claiming their input has been ignored by summit members, community representatives from the Austin area held up placards criticizing the decision not to include the shuttered St. Anne's Hospital on the city's west side as one of the recommended general care facilities. St. Anne's was recently acquired by Bethel New Life, which said it hoped the hospital could become a "satellite" county hospital.

System design and management committee chair Richard Krieg, Ph.D., whose committee drafted the plan, promised to meet with community representatives to discuss how best to utilize St. Anne's. He said Bethany is being recommended because it is currently operational, and is a relatively new facility.

Disagreement on the configuration of the county hospital system was apparent as some summiteers advocated further downsizing the replacement county hospital through utilization of additional beds in existing facilities. Still others said the recommended 300/500-bed replacement facility is too small, proposing a 500/750-bed facility instead.

Public response sought

Several summit members called for further opportunities for public reaction to the plan as its details become known, including public hearings in Chicago, as implementing legislation winds through the General Assembly.

Saying that holding such hearings is "the process we would all envision," Illinois Director of Public Health Bernard Turnock, M.D., who chairs the policy steering committee, also called on summit members to participate in the "coalition-building" necessary to "broaden the base of support" for the plan's eventual passage.

Chicago and Cook County Health Care Summit Action Plan Highlights

Here are highlights of the summit system and design committee's 500-page action plan for improving Cook County's health care delivery system to the medically needy.

General

- Implementation phased in over a three-year period.
- Federal Medicaid matching funds to generate $12.01 million of plan's $26.17 million total first-year cost.
- Suggested financing of remaining $14.15 million first-year funding through various driver user fees.

Ambulatory Care Reform

Corridors of Care

- Establishment of eight city and five suburban Corridors of Care as principal tool for community-specific health care planning.
- Corridors used for better analysis of community-wide needs, identifying "pockets" of high need, promoting health care provider linkages, maintaining provider/community cooperation in system design, and geographically defined "laboratories" for innovative health care delivery initiatives.
- Patient flow to other corridors would not be restrained, nor would provider market share be limited to one corridor.

Preferred Provider Partnerships

- Establishment of Preferred Provider Partnerships (PPPs), formal linkage agreements between providers serving a defined geographic need.
- PPPs to include medical providers, social supports, substance abuse treatment, nutritional counseling, case coordination, and other services.
- Voluntary participation, with incentives including enhanced Medicaid reimbursement, sharing of PPP services (lab, radiology, pharmacy, case management, etc.), and potential elimination of medical liability through PPP agreement.

Restructuring Inpatient Care

- Decentralization of inpatient care for a more community-based system, utilizing existing facilities where possible.
- Reconfigured 800/1,000-bed system includes replacement Cook County Hospital (300/500 beds), Provident Medical Center (300 beds), Bethany Hospital (212 beds) and University of Illinois Hospital (100/150 beds).
- Suburban hospital contracting plan for low-risk deliveries for 950 women.

Finance System Changes

- Expansion of Medicaid coverage through expanded eligibility and enrollment, coverage of additional services, and expansion of reimbursement.
- Pooling current city/county dollars in state fund to maximize federal matching dollars.
- Utilizing public/private sector resources to maximize efficiency, and development of solutions to long-term care problems (e.g., universal coverage, state-subsidized pools, insurance industry reform).
- New tax-based revenues, if warranted, during third year of summit plan implementation.
- Rebuilding of health care infrastructure through long-term public/private sector contributions.

System Governance

- Decentralized structure emphasizing community-based planning and management, to be created by state legislation.
- Cook County Health Council (CCHC) to establish and foster development of Corridor Health Boards (CHBs); advise legislative bodies and public providers regarding appropriate resource allocation and system capacity; assume progressively increasing responsibilities regarding Medicaid, culminating in third year negotiating authority for institutional and non-institutional PPPs.
- Corridor Health Boards (CHBs), the "heart" of the system, to assist CCHC in local system design, including needs assessment, planning and PPP development.
- Health Care Legislative Commission, legislative oversight group to monitor progress of plan implementation. ▲

Corrections and clarifications

Donne said it: In our March 30 editorial "Get involved and be a part of it all," we gave poet Ben Jonson credit for the famous epigram "No man is an island unto himself." Actually, it was his contemporary John Donne. We stand corrected. ▲

Physician Facts

Industries Excluded from Health Insurance

Insurance companies often deny small businesses health insurance because of the nature of the work, the rate of claims or the administrative costs.

Hazardous work
Mines, quarries, oil drillers and riggers, lumberyards, logging operations, farms, ranches, charter and unscheduled airlines, aviation and pilot training schools, munitions plants, sanitation businesses, asbestos-related industries, pest control services, scrap dealers.

Low-paying or seasonal work
Hotels, motels, restaurants, car washes, laundries, cleaners, entertainment and arts groups, beauty salons, barber shops, bowling alleys, pest control services, service stations, convenience stores, farms, ranches, fishing enterprises, golf clubs, ski resorts, camps.

Higher rate of claims
Doctors, dentists, nurses, chiropractors and other medical workers.

Higher administrative costs
Government-financed nonprofit organizations, municipalities.

Copyright © 1990 by the New York Times Company. Reprinted by permission.

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.



Terry Vitacco

Dr. Koop: "The longer the health care profession delays establishing ethical procedures concerning AIDS, the sooner the public will . . . turn to the courts for relief."

Wheaton College speech

Koop calls for guidelines on AIDS care

by Eileen Norris

THE MEDICAL COMMUNITY must shape up quickly and completely on the ethical issues surrounding health care and AIDS, former U.S. Surgeon General C. Everett Koop, M.D., told students in a February 22 speech at Wheaton College in Chicago's western suburbs.

"The longer the health care profession delays establishing ethical procedures concerning AIDS, the sooner the public will lose its patience and turn to the courts for relief," said Dr. Koop, who described himself as an evangelical Presbyterian. "And once again the courts will have to step in and tell medicine what to do." Dr. Koop appeared at the college as a member of a panel debating ethical issues and AIDS treatment.

The American people, Dr. Koop said, must be assured pure ethical standards are upheld. "I think the public is frustrated by a perceived lack of ethical standards," he added.

Dr. Koop, who served as U.S. Surgeon General from 1981-1988, surprised conservatives and some health care professionals when he broke with Reagan administration policy and advocated sexually explicit AIDS education, among other AIDS-related initiatives. Though a conservative himself, Dr. Koop argued that moralizing on issues like AIDS was counterproductive to the effort to educate and save lives.

Let's not refuse to treat AIDS patients

Health care professionals, Dr. Koop noted, must provide answers to ethical dilemmas surrounding AIDS care which work in their practice environments and harmonize with their moral, ethical, personal and professional judgments.

"We still hear instances of [a few of] the estimated seven million health care professionals refusing to treat patients with AIDS," he said, "but there have been only a dozen cases when a worker was accidentally infected through patient care, and most of those cases were preventable. The medical community treats the thief with a gunshot wound the same as he would the policeman," he said, citing the Hippocratic oath.

A surgeon under his direction who refused to operate on a known AIDS patient would lose operating privileges, Dr. Koop insisted.

(continued on page 13)

Judge OKs Ragsdale settlement

by Kevin O'Brien

TO THE SURPRISE of few, U.S. District Judge John A. Nordberg approved the consent decree in the controversial *Ragsdale, et al v. Turnock, et al* abortion case.

In his March 22 ruling closing the case, Nordberg termed the settlement "lawful, fair, reasonable and adequate." The settlement, announced last November by Illinois Attorney General Neil A. Hartigan, and American Civil Liberties Union attorneys representing Richard M. Ragsdale, M.D., averted a scheduled hearing by the U.S. Supreme Court.

Dismissing their charges as "without merit," Nordberg rejected last-ditch efforts of four Illinois state's attorneys to further delay disposition of the case. The Ogle, Hancock, Warren and Henderson county prosecutors claimed that Cook County Assistant State's Attorney Harold E. McKee III had failed to vigorously represent the interests of all Illinois state's attorneys as a class during settlement negotiations. They asked the judge to delay his ruling pending further discovery regarding conduct of the negotiations.

Nordberg's action means the Illinois Department of Public Health (IDPH) may immediately begin regulating abortion clinics under emergency amendments to rules governing Ambulatory Surgical Treatment Centers (ASTCs). The new rules were filed March 26 and became effective immediately as temporary regulations, according to an IDPH spokesman. During the next 120 days, individuals may comment on the rules prior to their itemized adoption.

Abortions within the first 18 weeks of pregnancy will be permitted in abortion clinics, which, under the new rules, are designated pregnancy termination specialty centers (PTSCs). The new rules also relax many ASTC rules that Judge Nordberg had deemed onerous when applied to abortion clinics. However, existing rules governing abortions performed in physicians' offices and hospitals remain unaffected. ▲

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

MEDICARE NOTES

ATTENTION "OPTION 2" PHYSICIAN GROUPS — IDENTIFICATION OF PERFORMING PHYSICIAN (PIN'S)

This notice is to re-emphasize the importance of listing the correct Physician Identification Number (PIN) on your claims to Medicare B, identifying the *performing physician.*

Your group has been assigned a PIN to identify each physician member. If any of your members also have a PIN for another group, be careful to identify the physician by the PIN assigned to your group. If you are billing under a hospital number, be careful to use the PIN assigned to the department for which the physician rendered service. (If the physician renders service for more than one department, he has more than one PIN.) Failure to identify the performing physician by the correct PIN can cause delay or denial of claims, payment to the wrong group, or payment under the wrong profile.

Any party billing on your behalf (a billing service, for example) should be apprised of this notice.

In addition, as you were previously advised, we cannot process your assigned claims effective May 1, 1990, when you do not identify the performing physician. This rejection is not appealable; however, if you resubmit the claim with the correct PIN information and we later deny it for substantive reasons, appeal is available.

We will not deny unassigned claims when the performing physician is not identified. While we will develop these claims as necessary, please include the performing physician identification number on these claims to ease our processing of the beneficiary's claims.

DERMATOLOGY BILLING — PROCEDURE CODES 17000 AND 171000

17000 Destruction by any method, with or without surgical curettement, all *facial* lesions *pre-malignant lesions* in any location, including local anesthesia; one lesion.

17100 Destruction by any method of *benign skin lesions* on any area other than the face, including local anesthesia; one lesion.

Use the 2 codes shown above when performing either of the procedures described.

When removing facial lesions or pre-malignant lesions in any location, use procedure code *17000* and indicate the number of lesions removed. Bill this service as *one* line item on the claim form; Medicare will allow 100% of the approved amount for *each* lesion. There is no reduction in approved amount for this code. 80% of the Approved Amount will be paid.

Destruction of benign lesions on any area other than the face should be billed using procedure code *17100;* add Modifier 51 for the second and any additional lesions removed. Modifier 51 indicates "secondary surgical procedure". Bill these services as *2* line items; Medicare will allow 100% of the approved amount for the first lesion removed; each of the second and any additional lesions removed will be allowed at 50% of the approved amount. 80% of the Approved Amount will be paid.

Do *not* use procedure codes 17001, 17002, 17101, 17102, or 17104.

When billing for procedures 17000 or 17100 please use the HCFA-1500 claim form and not a superbill. Most superbills are precoded and include the codes *not* payable by Medicare (17001, 17002, 17101, 17102, and 17104). These codes have *no established pricing* and will not pay under Medicare Part B. Using these codes can result in erroneous payment, erroneous denial, incorrect profile for *future* payment, and longer processing time because your claim will have to be corrected by our keyers.

(This report is a service to the physicians of Illinois)
(4-13-90)

Editorials

Good news, and some future thoughts, on the insurance front

The Illinois State Medical Inter-Insurance Exchange, the affiliated insurer of the Illinois State Medical Society, has good news for its physician policyholders. Not only will the majority of policyholders going from their fourth to fifth claims-made policy year see no rate increase this year, but those insured continuously from 1986-87 through the present will receive dividends in May.

This is truly cause for celebration! Because the Exchange has survived and even prospered through tough times, Exchange policyholders will now reap the benefits. The Exchange's prosperity has resulted from sound management by the insurance company; effective risk management policies by individual physicians, and through Exchange-physician communications; and active efforts to gain and protect tort reform. In other words, the success is all of ours.

But before anyone bursts into applause, the Exchange is eager to remind insureds of two facts. First, the dividend has come about through exceptionally careful planning and decision-making since the mid-1980s, when things were very tough in the malpractice insurance arena. Second, the malpractice insurance crisis isn't over. Despite the efforts of all concerned parties, liability costs continue to mount, contributing to health care access problems in many parts of the state.

In the end, only perpetual vigilance, use of risk management knowledge to prevent future losses, ongoing and collective efforts to achieve tort reform, and continued public education will keep us moving toward a truly balanced liability climate in Illinois. Let's all keep that in mind in the coming months and years.

Let's look carefully at the eye care dispute

Optometrists (who are not physicians licensed to practice medicine in all its branches) are on the move again in the Illinois General Assembly. Their legislative friends are hoping to revive H. B. 2211, which would allow them to use diagnostic and therapeutic topical ocular drugs (currently, they may use only some diagnostic drugs).

Like other allied health practitioners, optometrists are raising the banner of health care accessibility. But physicians are concerned that other issues not be forgotten here. In particular, ophthalmologists, who *are* physicians licensed to practice medicine in all its branches, are concerned that quality of patient care could be dramatically affected. The diagnostic procedures and therapeutic drugs they use are complex and demand the highest level of expertise.

In this regard, we must not forget that legislation allowing for the expansion of optometric practice does not carry with it the necessary education, especially when it involves using powerful drugs. To act as a physician, an individual needs to go to medical school. In the rush to "open up" health care availability, we must not jeopardize Illinois patients. Medical care by fully qualified medical professionals should be uppermost in all our minds. ▲

Illinois Medicine

VOLUME 2, NUMBER 8 **APRIL 13, 1990**

Illinois Medicine **is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

Illinois Medicine **Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

Illinois Medicine **Staff**
Suzanne W. Nelson, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



". . . The druggist called and said one of your patients forged your signature on a prescription. We both know that's impossible."

Guest Editorial

Retirement isn't the end of involvement



by Jack Brodsky, M.D.

When I retired from obstetrics and gynecology two years ago, I realized that board of trustees elections were soon approaching in Champaign for Parkland Community College. I decided to run for the Parkland board, and in November 1989, I was elected.

My new career is very gratifying, to say the least. Since I had been immersed in education all of my professional life, it only seemed fitting to me to continue on this path once I retired, in order to maintain my community involvement. As a board member, our responsibilities include expanding various types of curricula, reviewing the budget and the month's events, and creating new services, such as child care for students with children. Our eight-member board meets monthly with the college president, and we look for different areas of education in which the state may give financial grants to help students pay for their education. In short, the board does everything possible to see to it that the college serves all facets of the community.

I felt the college might prove a good avenue through which I could help people, and in doing so, further my participation in the community. For example, I've always had a passion for computers. For many years, I've taken computer courses at Parkland College. Parkland, like most colleges, deals with all aspects of education. When computers began to appear on the horizon, Parkland offered a variety of computer courses, focusing on both hardware and software.

Let me add at this point that not every retired physician has to serve as a college board trustee to get involved in his or her community. There are so many learning opportunities available in the arts, sciences and through travel. All we have to do is just look around ourselves and put our interests to work. By doing so, we can not only broaden our own horizons, but continue helping people, as we have done throughout our medical careers.

As practicing physicians, we help many patients who eventually become our friends. If we remain in our communities long enough, we get to know people, and people get to know us. And they learn from their relationships with physicians that we are trustworthy, unselfish, and that we try to contribute to the community in any way possible.

But like most careers, physicians' must eventually come to an end. We are left with unfamiliar amounts of time to pursue other interests that continue to challenge our minds and bodies.

As physicians, we yearn for continual learning and constant activity.

Doubtless, medicine is a field which can satisfy this restlessness and need for knowledge. Like most other practicing physicians, I spent most of the waking hours of my 42 years in the profession focused on medicine, and on the related activities that enable us to be good physicians. Treating patients requires that we continually update ourselves with the knowledge of newer methods and better treatments. We must read medical journals and books, attend courses and listen to lectures to keep up with new technology and developments in practice.

As a newly retired physician, it was difficult at first to remember what it was like to fully involve myself in the other interests that I had put on the "back burner" during my career as a doctor.

Through my community involvement, the dedication and concern I show for people has brought me an overwhelming sense of pride, just as the practice of medicine once did. ▲

Jack Brodsky, M.D., is a Champaign obstetrician-gynecologist who retired from practice in 1988.

Letters to the Editor

Trauma network funding

In the January 19 *Illinois Medicine*, an article appeared on the newly proposed funding plan for Illinois trauma centers. Offered in the Illinois Senate on January 11, the proposal would have added a $15 surcharge to fines levied on persons convicted of driving up to 10 miles per hour over the speed limit, and a surcharge of $35 for those convicted of driving more than 10 mph over the speed limit. Also, a surcharge of $150 would be added to fines on persons convicted of major traffic offenses such as attempting to elude police, DUI, and reckless driving.

The money generated would be placed in a newly-created trauma center fund. The dollars would then be distributed by the Illinois Department of Public Aid to cover uncompensated or under-compensated trauma care.

While on the surface this may sound like a workable plan, a closer examination raises several problems. First, this type of piecemeal legislation could only act to undercut the ongoing work of the Chicago and Cook County Health Care Summit, a group endorsed by the governor, the Cook County Board president, and the mayor of Chicago. The summit provides an excellent opportunity to form a comprehensive trauma care plan. Preempting this discussion with patchwork solutions is dangerous.

Secondly, this proposal seeks to solve trauma care funding problems primarily through Medicaid funds; however, this accounts for only a portion of the problem. The legislation makes no provision for the role of the private insurance industry, PPOs and other negotiated rate structures, or HMOs. While these are all part of the problem, they seem to have been left out of the solution.

Third, the idea of federal funds in a direct match to the dollars raised by the surcharge is misleading. Federal matching funds would only be available to reimburse the costs of the Medicaid-eligible. A large portion of the uncompensated care cost incurred by trauma centers comes from treatment of those without insurance or means of payment. For uncompensated costs, no federal matching funds would be available.

Lastly, a question of constitutionality arises. A surcharge on a fine must have a direct relationship to the offense committed. This may be an unconstitutional diversion of court-assessed fees.

The problems surrounding trauma care are serious and deserve our attention. The intentions of the sponsors of this legislation are unquestionably honorable; their plan, however, has serious drawbacks and should not be adopted.

Judy Baar Topinka
State Senator, 22nd District

Med students and the UI Hospital match

I am compelled to respond to a portion of the article (*Illinois Medicine*, March 16) titled "Medical students brace for 1990 resident match." I refer to the paragraph dealing with the University of Illinois Hospital (UIH) and its residency matching results in 1989. Admittedly, they were mediocre—for good reason, as you indicate. However, I object strongly to the writer's inference that "informed sources" are "speculating" that this year's match may not fare much better than last year's. Journalism should pride itself on accuracy in reporting. Predictions are best left to fortune tellers and crystal ball gazers. UIH can ill afford this type of unfounded, deprecatory reportage. For the role it is playing in the community, we are obliged to support it to the fullest.

Alex S. Tulsky, M.D.
Clinical Professor
University of Illinois
College of Medicine,
Chicago

Crusader Clinic sees support

Thank you for the February 16 article on the Rockford area physicians' challenge, which successfully raised $200,000 for Crusader Clinic. We are fortunate to have physicians' generosity and recognition of the important work we do in meeting the health care needs of our growing low-income patient population.

We are elated that the challenge has been met and had the support of the multitude of physicians in Winnebago County. Special thanks to the Winnebago County Medical Society for their cooperation and support of this fund raising campaign.

Our whole community will benefit from this joint effort. Their generosity will be felt for years to come.

Michael Slates, J.D.
President, Crusaders Health Foundation



Because safety cannot be taken for granted in H_2-antagonist therapy

AXID®
nizatidine

Minimal potential for drug interactions

Unlike cimetidine and ranitidine,[1] Axid does not inhibit the cytochrome P-450 metabolizing enzyme system.[2]

Swift and effective H_2-antagonist therapy

- *Most patients experience pain relief with the first dose[3]*
- *Heals duodenal ulcer rapidly and effectively[4,5]*
- *Dosage for adults with active duodenal ulcer is 300 mg once nightly (150 mg b.i.d. is also available)*

References
1. *USP DI Update, September/October 1988, p 120.*
2. *Br J Clin Pharmacol 1985;20:710-713.*
3. *Data on file, Lilly Research Laboratories*
4. *Scand J Gastroenterol 1987;22(suppl 136):61-70.*
5. *Am J Gastroenterol 1989;84:769-774.*

AXID®
nizatidine capsules

Brief Summary. Consult the package literature for complete information.

Indications and Usage: 1. *Active duodenal ulcer*—for up to eight weeks of treatment. Most patients heal within four weeks.
2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than one year are not known.

Contraindication: Known hypersensitivity to the drug. Use with caution in patients with hypersensitivity to other H_2-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.
2. Dosage should be reduced in patients with moderate to severe renal insufficiency.
3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.
Laboratory Tests—False-positive tests for urobilinogen with Multistix® may occur during therapy.
Drug Interactions—No interactions have been observed with theophylline, chlordiazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.
Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.
Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.
In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.
Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.
Pediatric Use—Safety and effectiveness in children have not been established.
Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.
Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of Axid.
Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.
CNS—Rare cases of reversible mental confusion have been reported.
Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.
Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H_2-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.
Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.
Hypersensitivity—As with other H_2-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H_2-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.
Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

PV 2098 AMP [091289]

Additional information available to the profession on request.

Lilly **Eli Lilly and Company**
Indianapolis, Indiana
46285

NZ-2924-B-049310 ©1990, ELI LILLY AND COMPANY

Axid® (nizatidine, Lilly)

Dividend declared for selected policyholders

No rate increase for most policyholders in 1990, says Exchange

ALMOST ALL policyholders going from their fourth to fifth claims-made policy year will see no increase in 1990 rates, said Fred Z. White, M.D., chairman of the Illinois State Medical Inter-Insurance Exchange, in announcing rates for the new policy year beginning July 1, 1990. New Exchange policyholders will actually pay less than previous first-year claims-made policyholders, while second- through fourth-year claims-made policyholders will experience only the progressive increase in premiums associated with claims-made coverage.

And, Dr. White noted, the Exchange has declared a dividend for 1986-87 policyholders who have been continuously covered by the Exchange through March 31, 1990.

"This is a watershed year for the Exchange and our policyholders," said Dr. White, "because we're able to give back money to our 1986-87 policyholders who are still with us [see story, page 1]. Further," he continued, "there is no rate increase for the majority of our policyholders, and first-year policyholders will enjoy lower rates. For me personally, this is a time of satisfaction, because in the mid-1980s, there wasn't much to celebrate." Dr. White noted that in the Exchange's early years, "there were some rough times for all Illinois physicians, until the 1985 tort reform victories turned the tide. We made some tough decisions then to keep the company financially sound, but those decisions are now paying off," he added. "I am grateful to the policyholders who stuck by us.

"The company is in sound financial condition," said Dr. White, who cited sufficient surplus for the volume of premiums the company writes, loss reserves well within what Exchange actuaries have suggested, and an investment portfolio earning a very respectable return. "The Exchange's administrative expenses have been kept to approximately six percent of total premium, which we're very proud of because most commercial companies have administrative expenses of up to 20 percent," he explained.

Prior acts coverage to be offered

The Exchange will also offer prior acts (so-called "nose") coverage to new policyholders beginning July 1, 1990. Prior acts coverage is expected to cost less than policyholders would pay for reporting endorsement (tail) coverage obtained from the previous insurer. "Our prior acts coverage will be calculated from the base premium, plus an additional 45 to 75 percent cost, depending upon the claims-made entry year," said Robert C. Hamilton, M.D., chairman of the Illinois State Medical Insurance Services, the Exchange's management arm. Prior acts will only be offered to physicians who have been practicing in Illinois and meet *strong* underwriting guidelines, he added.

The Exchange also revised its policy language to clarify and, in some cases, redefine coverage. Significant changes were: a requirement that impaired physicians must report the impairment to the Exchange; a stipulation that the Exchange could inspect physicians' offices for risk management purposes; and a requirement that a physician report to the Exchange any disciplinary action taken against his or her medical or controlled substance licenses by the Illinois Department of Professional Regulation.

All policyholders will receive an in-depth explanation of the policy changes before April 30, and a new copy of the policy at the time it is renewed.

Exchange classification changes for 1990-1991 policy year

Each year the Exchange reviews, in depth, loss experience by specialty and territory. This year, there are no territorial changes, but there are specialty classification changes. Hematology (no minor risk procedures), neurology (no minor risk procedures), neurology (minor risk procedures), cardiovascular disease (minor risk procedures), and proctologic surgery will move up one class. Meanwhile, dermatology (minor risk procedures) will move down one class (see chart above). There are approximately 400 policyholders affected by these changes. ▲

Specialty Class Changes: 1990

the Exchange

Specialty	Present Class	New Class	No. of MDs Affected
Cardiovascular Disease *(Minor risk procedures)*	2	3	230
Proctologic Surgery	3	4	1
Neurology *(No minor risk procedures)*	1	2	122
Neurology *(Minor risk procedures)*	2	3	14
Hematology *(No minor risk procedures)*	0	1	6
Dermatology *(Minor risk procedures)*	2	1	33

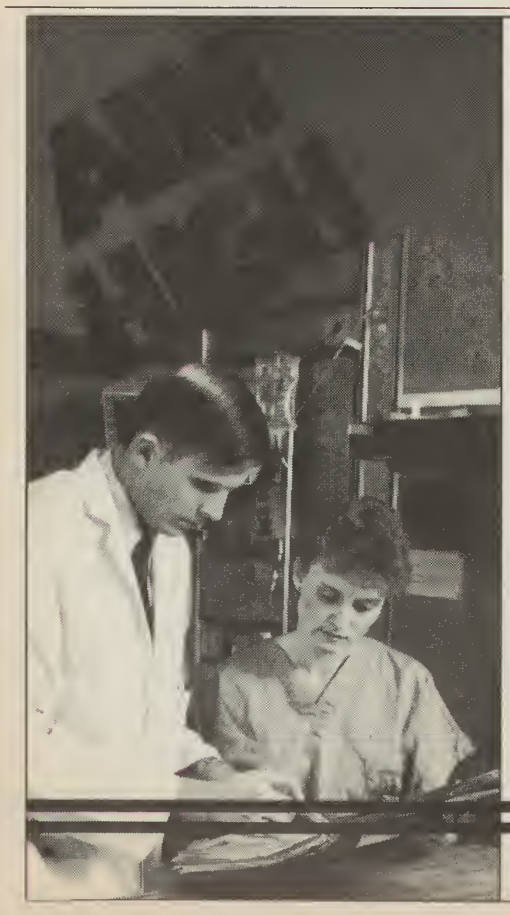
Source of Data: Illinois State Medical Inter-Insurance Exchange, March, 1990.

Anesthesiologists to see beneficial class change

IN ONE classification-related case, a coverage category change will benefit practicing anesthesiologists. Presently, anesthesiologists fall into class 4 coverage, about midway in a range of coverage categories which classify practitioners according to risk of occurrence, and assign premium rates accordingly.

Anesthesiologists who have opted for a high level of coverage ($2 million/$4 million policies) have been grouped into a special class 4A. This class, which applies to about 30 percent of all anesthesiologist insureds, will be eliminated July 1.

Currently, for limits up to $1 million/$3 million, the premium for an anesthesiologist is the same as for any other class 4 physician. Only if an anesthesiologist requests $2 million/$4 million in coverage is there a premium differential. ▲



FLIGHT SURGEONS WANTED.

Discover the thrill of flying, the end of paperwork and the enjoyment of a general practice as an Air Force flight surgeon. Take flight with today's Air Force and discover quality benefits, 30 days of vacation with pay each year and the support of a dedicated staff of professionals. Enjoy a true general practice on the ground, with the kind of stimulating challenge that will get your medical skills airborne. Talk to an Air Force medical program manager about becoming an Air Force flight surgeon. Call

USAF HEALTH PROFESSIONS
815-424-2035

AIR FORCE

Exchange to give dividends

(continued from page 1)

Now that frequency has stabilized, for the moment, our actuarial advisors tell us it's safe to give dividends. However, it doesn't mean our problems with expensive malpractice coverage are behind us."

Dr. Jensen noted that even though frequency has stabilized, the size of awards keeps increasing. "We still need a cap on the non-economic portion of awards to address high awards," he said.

Dividend checks will be mailed to eligible policyholders in May. Policyholders receiving checks should contact their personal tax advisors as to the tax implications of the dividend. If someone other than the policyholder paid the premium, it is the responsibility of the policyholder receiving the check to reimburse the original payee. The Exchange has given dividends once before, in 1979. ▲

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

An early crusader for reform

AS LATE AS 1877, an estimated 3,600 practitioners of medicine in Illinois had never seen the inside of a medical school. Not that they lacked diplomas: throughout the state, "diploma-shops" flourished, and for a small fee, they happily provided the aspiring physician with a flowery certificate, complete with bogus Latin and a quote or two from Shakespeare, suitable for framing.

Meeting for the first time that year, the Illinois State Board of Health noted:

> "Nearly all the vilest professional mountebanks, and the advertising specialists, quacks and abortionists . . . have, as a rule, been armed with diplomas of this character . . . As works of art, they are more imposing and exceed in style the diplomas of those institutions at which it is an honor to graduate."

The man who changed all that forever was John Henry Rauch, M.D., nicknamed "John the Baptist of Reform" for his valiant efforts as a crusader for reform. Before serving in the battle of Bull Run, Dr. Rauch was on the faculty of Rush Medical College and demonstrated a rather serious side-interest in ichthyology (the study of fishes). Wartime convinced him of the need to channel all his energies into achieving new standards for public sanitation and the practice of medicine.

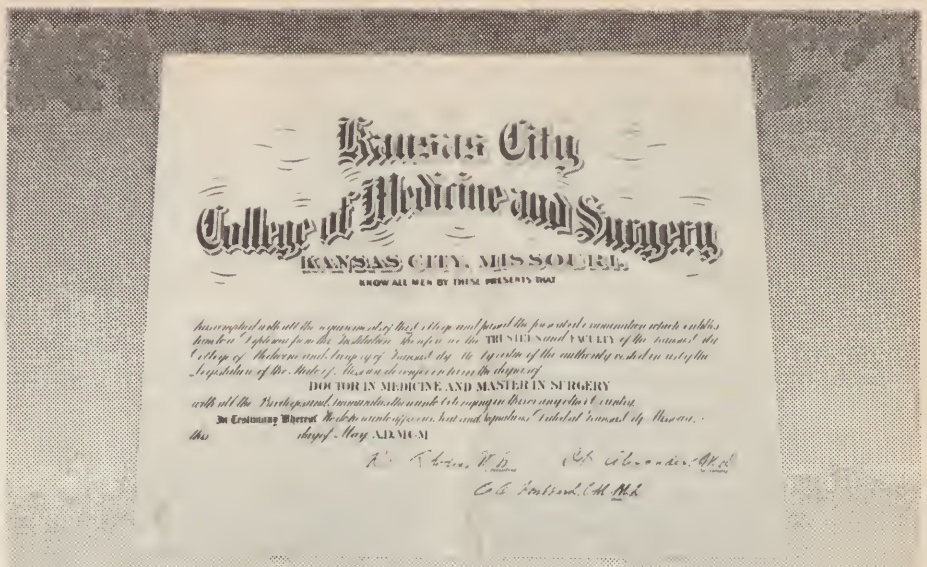
An outbreak of cholera brought the call for public health leadership to Chicago, and the 38-year-old Dr. Rauch was ready to provide it. Appointed sanitary superintendent to the newly reorganized Chicago Board of Health in 1867, Dr. Rauch mobilized a corps of independent health officers and sanitary inspectors and got them police powers.

But Dr. Rauch's most significant accomplishment came during his 14 years on the first state board of health (whose presidency he assumed in 1877), when he spearheaded the purge of unlicensed practitioners from the state. Through his efforts, doctors who had practiced in the state for more than 10 years were required to register with the board of health; all others had to present a diploma from a medical college (whose credentials were rigorously scrutinized) or undergo a certification examination.

Dr. Rauch himself wrote the exam's section on hygiene; questions like "What effect would drainage of the level prairie of this state have upon health?" witnessed his belief that physicians needed to know about public health issues. So effective were the board's licensure standards that 1,400 non-graduate practitioners had left the state or quit practice by the end of 1878.

Not everyone got the message, however. As late as 1910, Rush Medical College received the following request, excerpted here with its author's spelling and grammar intact:

> ". . . At this time I write you for a Diploma of being a family Doctor. I have purchase a family Medical Book from Sears Roebuck and I have Studied it for two years . . . I will give you One Dollar and a half for the Diploma if you Except of My request Please let Me hear from you by return Mail.
>
> "I have been Teaching for twelve years," the writer also noted, "and I believe I am Prepaired to do the work." ▲



Above: Diploma shops offering fake medical degrees flourished in the 1900s. Document courtesy Historical Health Fraud Collection, American Medical Association.

Photo: Wm. Daniels/The Photo Partners

COMMITTED TO EXCELLENCE

ROCHE

PRESIDENT'S ACHIEVEMENT AWARD

Presenting the winners of the 1989 Roche President's Achievement Awards

Roche Laboratories is proud to honor these outstanding sales representatives, chosen for their unparalleled dedication to the healthcare field, professionalism and consistent high level of performance. Please join us in congratulating these exceptional individuals.



Dipak K. Chatterjee



Kara L. Dahm



Catherine C. Roesler

Turn to the following page and find out how your award-winning Roche representative can help both you *and* your patients.

Lieutenant Governor's rural task force report cited

Rural health conference takes broad view of downstate crisis

by Mary Leonard

RECRUITMENT AND RETENtion of physicians and nurses, care by mid-level allied health practitioners, establishment of primary-care hospitals and birthing centers, and the changing demographics of the state's rural areas were among the topics addressed at the Illinois Rural Health Association (IRHA) first annual conference, held March 27-29 in Effingham.

The conference, which gathered together over 300 participants from Illinois and other states, was the first major effort by IRHA, one of only four state-based rural health groups in the U.S.

On the first day of the conference, Bernard Turnock, M.D., director of the Illinois Department of Public Health (IDPH), highlighted recommendations of the Rural Health Task Force appointed by Lieutenant Governor George Ryan in 1988. Dr. Turnock said the report, which will be officially issued April 9, outlines the following priorities for state action:

- tort reform, especially the need for caps on non-economic damages in malpractice cases;
- funding demonstration projects in rural communities to plan and deliver health and social services meeting the health care needs of those communities;
- IDPH to promote the federal Rural Health Clinic Act, which created incentives for medical providers to offer primary care services in rural and underserved areas;
- expansion of scholarships and loan management programs for health personnel other than physicians, to expand the kinds of scholarships and loan repayment programs that are available.

General Assembly focus group formed

On behalf of state legislators speaking at the conference, Rep. Karen Hasara (R-Springfield) announced the formation of a rural health focus group for members of the General Assembly. The focus group will improve access to state lawmakers in areas relating to rural health.

"We feel it's really a first of its kind; we could not think of another issue in which legislators themselves got together and decided that we wanted to focus on one area," said Hasara, who will co-chair the group with Rep. David Phelps (D-Eldorado).

Later, a spokesperson for Sen. James Rea (D-Christopher) read a statement from the senator announcing plans to resubmit a package of bills in the General Assembly, including some that failed last session.

"Rx for Illinois" will include proposals for scholarships and grants for physicians, nurses and other health care professionals willing to work in underserved areas, reimbursement of a percentage of medical malpractice insurance premiums for family practice physicians and obstetricians serving in shortage areas and state support of hospitals in underserved areas.

Other legislators at the conference were Sen. Frank Watson (R-Greenville), Rep. Charles Hartke (D-Effingham) and Rep. Tom Ryder (R-Jerseyville).

Jeffrey Human, director of the Office of Rural Health Policy in the federal Department of Health and Human Services, outlined congressional efforts to improve Medicare reimbursement and to reauthorize the National Health Service Corps. The Corps, which had 3,000 health professionals working for it nationally in 1987, is expected to drop to a count of 900 members in August and 400 in 1991.

Primary care hospitals, use of mid-level allied health practitioners urged

Jeffrey C. Bauer, Ph.D., whose Colorado-based Bauer Group consults privately on rural health issues, spoke on the need for smaller downstate communities to establish primary care hospitals and to use mid-level allied health care practitioners to assist physicians.

Dr. Bauer said he believes that "We have a lot of hospitals that are too small to be cost-effective; they oper-

(continued on page 9)



Maureen Houston

George T. Mitchell, M.D., chair of the ISMS rural health subcommittee, urged unified action on rural health.

Your Roche Representative Would Like You To Have Something That Will...

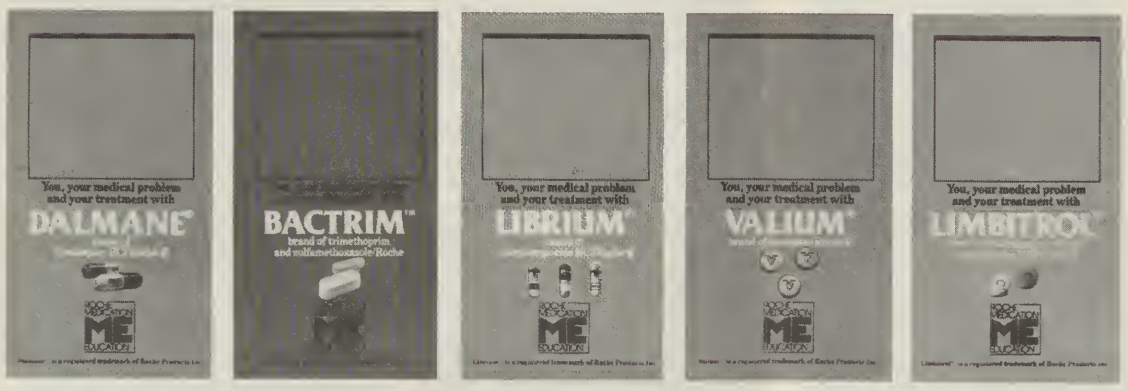
ROCHE®

... improve patient satisfaction with office visits.
... improve patient compliance with your instructions.
... reduce follow-up calls to clarify instructions.

Roche product booklets ...

- offer a supplement to, not a substitute for, patient contact.
- support your specific instructions to the patient.
- provide a long-term reinforcement of your oral counseling.
- are available in *Spanish*.

Because you are the primary source of medical information for your patients, we invite you to look over the Roche product booklets shown below. Ask your Roche representative for the new catalog brochure of patient education materials and for a complimentary supply of those booklets applicable to your practice, including the WHAT IF Book in large type.



ROCHE ME MEDICATION EDUCATION

Working today for a healthier tomorrow

ate at an inefficient level of production. There are a substantial number of rural hospitals in Illinois that ought to abandon acute critical care and concentrate on a higher volume of care in concentrated facilities."

A primary care hospital, Dr. Bauer said, has beds, but maintains no critical-care capabilities; it has a formal transportation system, a hospital-based primary care practice, 24-hour coverage for urgent care, extended regular hours, state-of-the-art diagnostic equipment (lab and x-ray), and a hospital-based ambulance system.

Dr. Bauer and others also cited the need for broader use of allied health care providers, "especially including certified nurse midwives. With appropriate prenatal care," Dr. Bauer stressed, "certified nurse midwives are very viable, even preferable, in making normal, low-risk deliveries."



Maureen Houston

Bernard Turnock, M.D., IDPH director, cited recommendations of the Lieut. Governor's Rural Task Force report.

Need for unified action noted

IRHA president Jack Taylor said the association, whose members include physicians, nurses and other health care providers; representatives of hospitals, community health centers and health departments; and state and local government, agricultural and academic leaders, hopes to advocate rural health needs and promote two-way communication with the legislature. Taylor is chairman of the board of Massac Memorial Hospital in Metropolis.

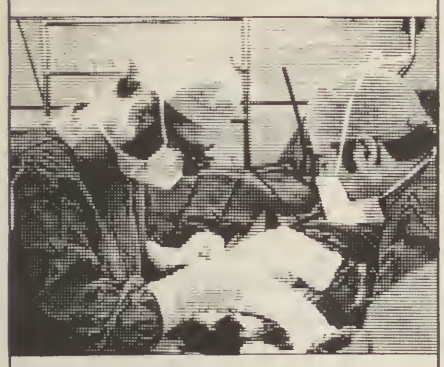
"When all of the interests are represented by one association, the clout of all of them gains exponentially," said Human.

George T. Mitchell, M.D., a family physician from Marshall, said it is time the various groups started working together. "It's like cooking," he said. "You have the individual ingredients—and they're not particularly tasty. But put them all together and you have something good."

Dr. Mitchell chairs the newly-formed Illinois State Medical Society (ISMS) rural health subcommittee that is working with the Illinois Farm Bureau to evaluate the state's rural health care delivery.

"The delivery system of medicine can't stand still. We have to adapt to the times and what worked 50 years ago won't work today," said Dr. Mitchell. "I believe in progress, but I want it to be on solid ground." ▲

HOW TO MAKE $20,000 IN MEDICAL SCHOOL LOANS DISAPPEAR.

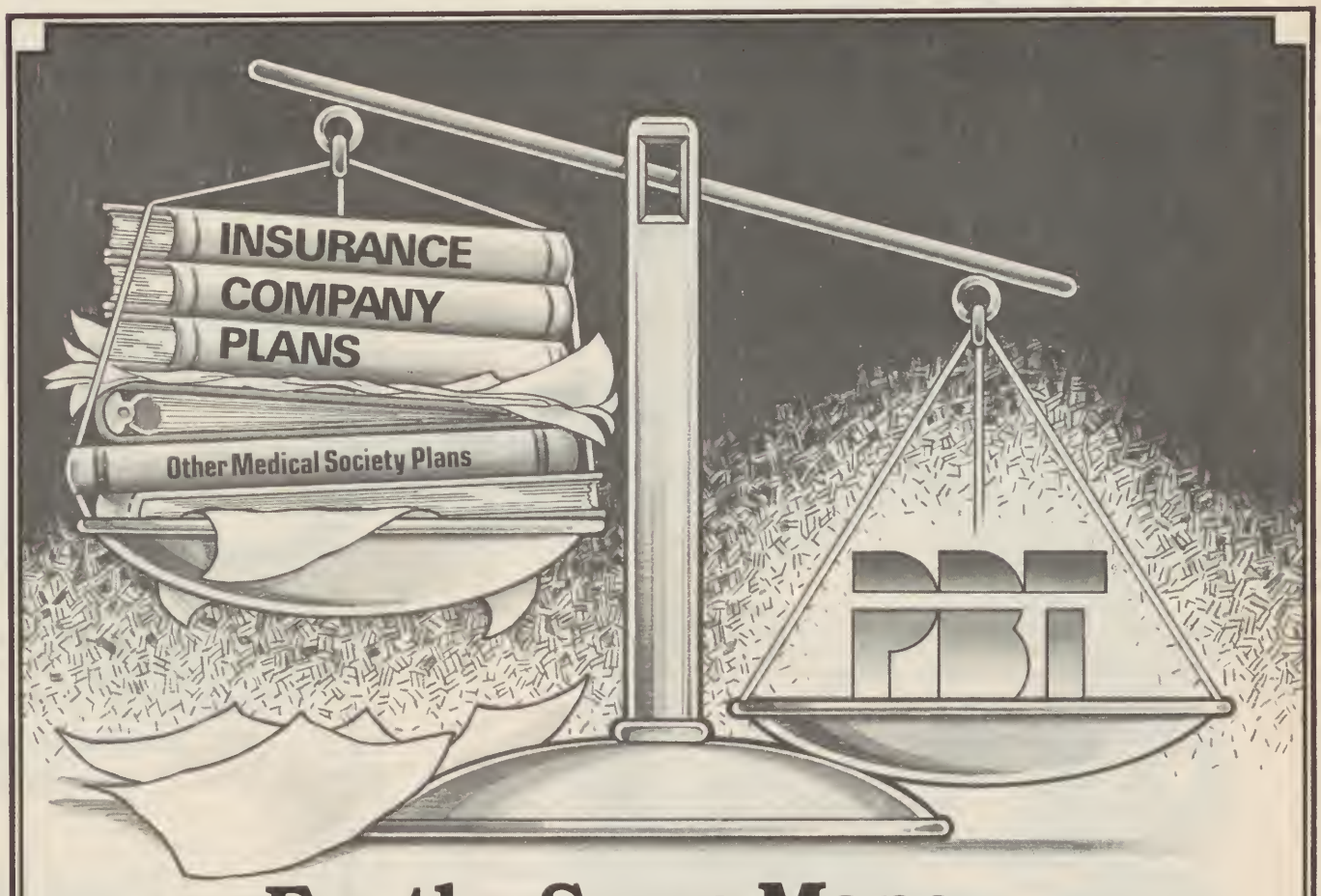


If you're a physician who has completed training in any of these disciplines—Anesthesiology, Otorhinolaryngology, General Surgery, Thoracic Surgery, Orthopedic Surgery, Neurosurgery or Emergency Medicine—you could become a part of the Army Reserve, serving near home at times convenient to you, and take part in the Army Reserve's Health Professionals Loan Repayment Program that pays as much as $20,000 in medical school loans.

To find out more about the Health Professionals Loan Repayment Program and all of the other advantages of serving your country at home in the Army Reserve, call collect or write:

MAJ H. RUBIN OR
CPT C. DAWSON
(708) 541-3644 (Collect)

BE ALL YOU CAN BE.
ARMY RESERVE



For the Same Money, the Others Don't Measure Up

With the PBT's high quality Major Medical Plan available at low group rates, why would a physician choose any other protection? The PBT Major Medical Plan measures up with extras like no pre-approvals, free choice of doctors and hospitals, and fast, friendly claims service. It's what you expect from your own medical society. After all, we're just what the doctors ordered!

For major medical coverage that outperforms the competition, call or write the Physicians' Benefits Trust.

(800) 621-0748.
(312) 559-9130

☐ Please send information about the **PBT Major Medical Plan.**
☐ Send information about the other PBT plans I have checked.

☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Long Term Disability
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____
Practice Name: _____
Street: _____
City/State/Zip: _____
Telephone: _____

ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Are parallel practices the optometrists' goal?

Optometrists battle ophthalmologists over drug treatment privileges

ILLINOIS OPHTHALMOLOgists and optometrists are gearing up again to battle it out over a controversial bill in the Illinois General Assembly that would allow optometrists to treat eye diseases with drugs. Since 1984, optometrists have been able only to use a limited number of drugs to diagnose eye problems.

The bill (H.B. 2211), whose chief sponsor is Rep. E. J. "Zeke" Giorgi (D-Rockford), was introduced in the legislature last spring and held for further study. It would permit optometrists (who are not physicians licensed to practice medicine in all its branches) to treat patients with diagnostic and therapeutic topical ocular pharmaceutical agents.

The group representing optometrists has indicated it will push for action on the bill this spring session. "We are very serious about this bill," said Randy Witter, lobbyist for the Illinois Optometric Association (IOA). "We think it's an important piece of health care legislation."



Wm. Daniels/The Photo Partners

"Patient care first," said Bernard Gawne, M.D., Illinois Association of Ophthalmology president.

H.B. 2211 currently resides in the House Consumer Protection Committee of the legislature, where it is scheduled to receive a hearing some time in April.

Illinois' upcoming showdown between the two optical care groups reflects a 20-year national trend. Ophthalmologists maintain that optometrists' successful efforts to expand practice by using diagnostic and therapeutic drugs are a means of gaining unjustified rights without the proper medical qualifications.

"[The using of therapeutic drugs] is an unwarranted expansion of optometrists' scope of practice, which is unaccompanied by education or training changes," said Zale Glauberman, lobbyist for the Illinois Association of Ophthalmology (IAO).

To become a doctor of optometry, an individual must complete two to four years of college and four years in an optometric college. To become a doctor of medicine or osteopathy, an individual must complete four years of college, four years of medical school, one or more years of hospital experience in treating diseases, and three or more years in a hospital-based eye residency program.

Quality of care issue

Ophthalmologists say nothing less than quality of patient care is at stake. "Four of our recent presidents of the American Academy of Ophthalmology (AAO) were optometrists who returned to receive a medical education and become ophthalmologists," Bernard Gawne, M.D., current IAO president, noted at a recent gathering. "There is a mechanism in place for those who wish to expand their scope of practice. Across the country, 500 optometrists have chosen to follow this pathway so that they could practice medicine.

"In effect," Dr. Gawne said, "H.B. 2211 asks the House to change its name to the Illinois House of Representatives School of Medicine. [It] asks the Senate to change its name to the Illinois Senate's department of ophthalmology. The bottom line is a bill asking the state legislature to confer a medical school diploma, internship and ophthalmology residency training with a stroke of a pen."

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

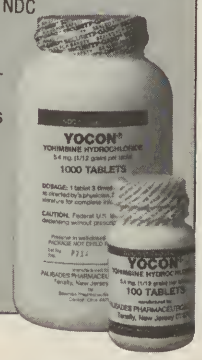
Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85

AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

U P I

The 1990's brings with it a new level of protection for your medical malpractice needs.

United Physicians Insurance
Risk Retention Group

UPI is wholly owned and directed by doctors. As practicing physicians, they have seen the problems associated with medical malpractice insurance. After two years of analyzing existing operating methods employed by other insurance companies, UPI has implemented the most effective, innovative program on the market today.

BENEFITS:

- $1,000,000/$3,000,000 Claims-Made Coverage
- Reinsurance thru London
- Non-Assessable Policy
- Auditors & Actuaries/ Ernst & Young
- Prior Acts Coverage/ Liberal Tail Provisions
- Restricted Cancellation

EXCLUSIVE BENEFITS:

- M.D., J.D. National Legal Defense Network (Attorneys are M.D.'s)
- ELM - Education in Legal Medicine (ACLM approved for 15 C.M.E.'s)
- $50,000 Credential & Disciplinary Legal Expense Reimbursement Plan

Call today for our free brochure!
800-767-0909 or (312) 236-3133

UNITED PHYSICIANS INSURANCE
Risk Retention Group
1420 UNION AVE., SUITE 400 • MEMPHIS, TN 38104 • (800) 767-0909

"Optometrists are currently seeking state reimbursement at levels equal to medical eye doctors in spite of non-medical education and training," contended Rep. Lee A. Daniels (R-Addison), Illinois House minority leader, who opposes the bill. "In the diagnosis and treatment of disease," he added, "it is not easy to distinguish between simple and complex. Confusion between simple 'pink eye' and several other diseases can, and has, resulted in blindness."

The Illinois State Medical Society (ISMS) strongly supports the IAO position, according to 1989-90 ISMS President Eugene P. Johnson, M.D. "Illinois must work hard to maintain the high-quality eye care only ophthalmologists can provide through their proper training and education in treating eye diseases," he said.

In fact, current ISMS policy states, "Sick people should receive appropriate care under the direction and supervision of a physician licensed to practice medicine in all its branches. Professional services provided by ancillary health professionals play a vital role in care and are encouraged but should not be provided without the direction of a physician."

Lack of access to ophthalmologists charged by optometrists

Key among optometrists' arguments for using therapeutic drugs is the assertion that there is a lack of patient access to ophthalmology services. "It's difficult for a lot of people living in the countryside, with certain types of eye conditions, to get treatment from ophthalmologists, because ophthalmologists are maldistributed," said Martin Sikorski, O.D., a Glen Ellyn optometrist and IOA immediate past president. "Even in metropolitan areas, it's [often] difficult for us to refer a patient in a relatively short period of time. Patients have to go to the emergency room to get care for an acute condition which we could have easily treated, but aren't able to."

Dr. Gawne disputed that claim, saying there are 18,000 ISMS members and several thousand other doctors in the state, "pediatricians, internists, family practitioners and emergency room physicians who are highly trained and who diagnose and treat common minor problems of the eye every day."

In the early 1970s, Rhode Island became the first state to allow optometrists to use drugs to diagnose eye problems. In 1984, Illinois joined the growing group of states in that category. By the mid-1970s, states had begun passing laws allowing optometrists to use therapeutic drugs to treat eye diseases. Today 25 states allow them to do so.

Rep. Giorgi said Illinois should allow its optometrists the same privileges as those in other states who use diagnostic and therapeutic pharmaceuticals.

Do optometrists want to establish parallel practices?

Richard Paul, the AAO's manager of state government relations, voiced ophthalmologists' concerns when he said, "Organized optometry has clearly set its goal to establish a profession essentially parallel to ophthalmology. If Illinois legislators pass this bill, optometrists will want to do even more in the future.

"Although this therapeutic bill has been introduced in Illinois for the first time," Paul added, "this has been a long-range, seemingly never-ending battle in other states." There are only nine states that have never had a therapeutic bill introduced in the state legislature by optometrists, he said. "Although 25 states have enacted therapeutic bills, legislatures have repeatedly defeated the vast majority of these bills before they were finally passed. Mississippi has defeated a therapeutic bill six times in six years."

Nevertheless, optometrists maintain that, in the words of Dr. Sikorski, "We're trying to make it easier for our patients to get care on a more cost-effective basis. We're just asking to use medications that pertain strictly to the eye." ▲

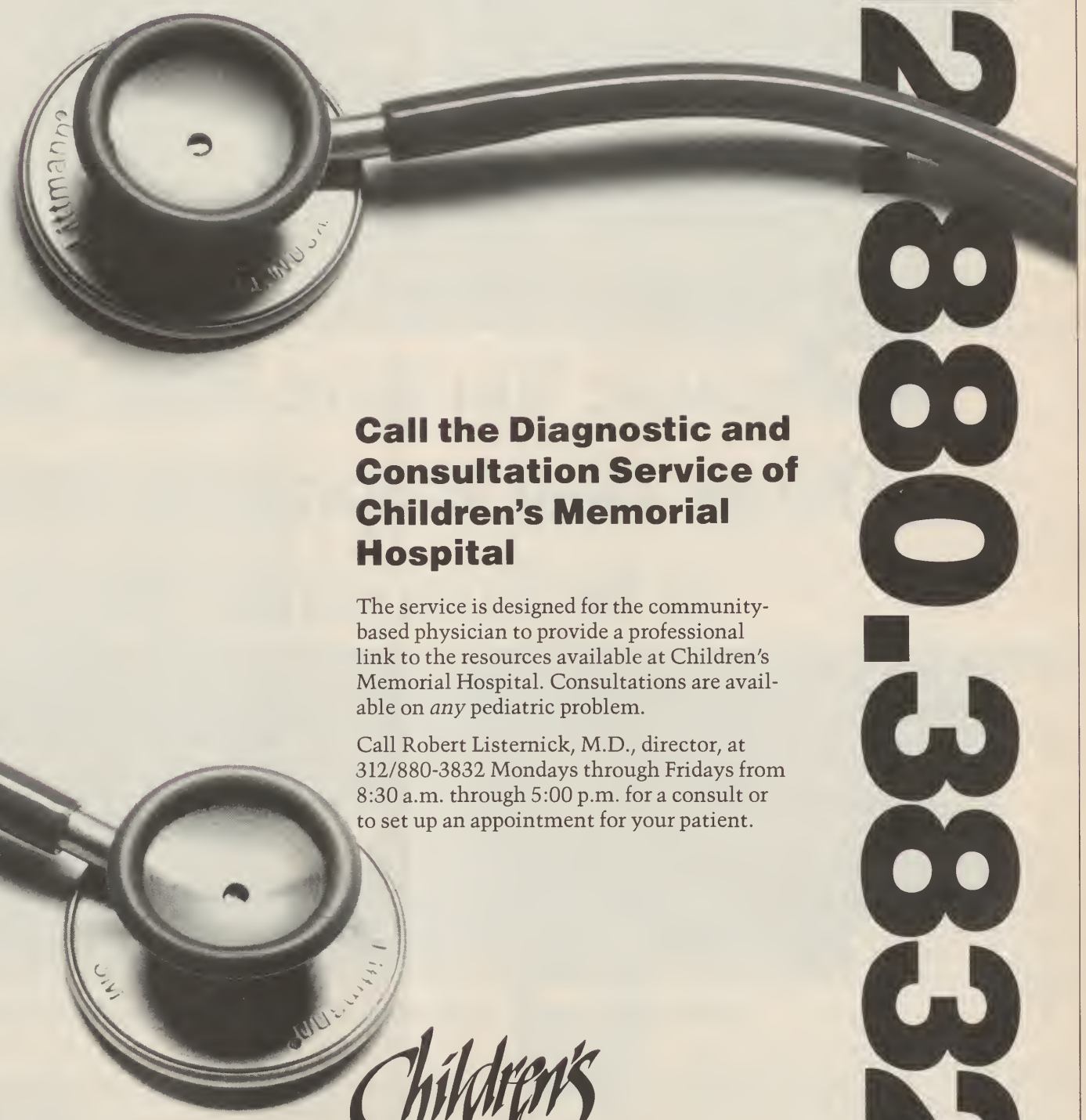
H.B. 2211 WOULD PERMIT OPTOMETRISTS TO USE DIAGNOSTIC AND THERAPEUTIC TOPICAL OCULAR PHARMACEUTICAL AGENTS.



Above: Rep. E. J. "Zeke" Giorgi (D-Rockford), introduced H.B. 2211 in the Illinois General Assembly last spring.

When a second opinion is needed . . .

To ease the referral process . . .



312-880-3832

Call the Diagnostic and Consultation Service of Children's Memorial Hospital

The service is designed for the community-based physician to provide a professional link to the resources available at Children's Memorial Hospital. Consultations are available on *any* pediatric problem.

Call Robert Listernick, M.D., director, at 312/880-3832 Mondays through Fridays from 8:30 a.m. through 5:00 p.m. for a consult or to set up an appointment for your patient.

Children's

The Children's Memorial Hospital, Chicago



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.



Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY



Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by The Hardy Group, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Certificate of merit

(continued from page 1)

thority in the hands of non-judicial personnel, because physicians are involved in certifying the merit of legal cases.

According to current law, malpractice plaintiffs must file a physician affidavit attesting there is valid medical basis for the suit. Passed in 1985 as part of Illinois State Medical Society (ISMS)-supported comprehensive medical malpractice reform legislation, the requirement is credited with the large decline in lawsuit filings following its enactment.

ISMS has filed an *amicus curiae* brief in support of the defendant in *DeLuna*. The decision to hear the case followed a first district appellate court (Cook County) ruling June 13, 1989 that the certificate was unconstitutional. The first district decision invalidated the certificate requirement only in that district, which includes Cook County. Meanwhile, the certificate has been upheld in Illinois' second, third and fourth districts, leaving it to the Illinois Supreme Court to resolve the question.

After last June's ruling, ISMS 1989-90 President Eugene P. Johnson, M.D., called the decision "a significant setback for the 1985 medical malpractice reforms achieved by the medical society. ISMS stands ready to help restore this reform," he added.

The state's high court has distinct options open to it. It could uphold the first appellate court entirely, striking down the certificate and allowing the plaintiff to refile his case; it could reverse the first appellate court and assert the constitutionality of the certificate, but allow the plaintiff to refile in this individual case; or it could reverse the appellate court and disallow any refiling by the plaintiff or appeal by the plaintiff to the appellate court. The supreme court is expected to rule later this year.

Case filed without certificate

The plaintiff, Guadalupe DeLuna, had filed a malpractice suit without a certificate of merit. The trial court dismissed the case against St. Elizabeth's Hospital in Chicago "without prejudice," while the suit against Dr. Treister was dismissed "with prejudice."

The difference between the dismissals meant the suit against St. Elizabeth's could be refiled in trial court, and therefore, could not be appealed, while the complaint against Dr. Treister would have to be rejudged in the appellate court. Appellate courts rarely overturn trial court rulings. ▲

Koop

(continued from page 3)

"If I couldn't reason with him on the basis of ethics and morality, then I would take away his operating privileges until the issue was adjudicated by the courts," Dr. Koop said in response to a question from the audience. He added that any health worker with AIDS is obligated to tell his supervisor.

The Illinois State Medical Society has taken a position on this issue which states, "Physicians should provide competent and humane care to all patients, including those with critically ill conditions such as AIDS and AIDS-related conditions."

Dr. Koop didn't reserve his criticism just for the medical community. He had harsh words as well for the nation's leaders over what he views as a growing complacency toward the AIDS epidemic.

"We have been lacking in leadership from two presidents," he said, referring by name to former president Ronald Reagan and President George Bush. "They surround themselves with ultra-conservatives who don't appreciate the magnitude of the problem," Dr. Koop added.

Dr. Koop predicted that as the cost for AIDS care grows (an anticipated $4.5 billion in 1991), Americans will be hard pressed to be as charitable as they are now. ▲

ORTHOPEDIC SURGEONS: BROADEN YOUR EXPERIENCE.



Your time and talent are valuable. They're valuable to the Army Reserve, too. We'll pay you for a small fraction of your time, not only in money, but with big opportunities and challenges you won't find in civilian practice.

- You'll have flexibility in how and when you participate.
- You'll be offered conferences and continuing education.
- You'll have opportunities for military training in areas like Advanced Trauma Life Support, Parachuting, Flight Medicine and Mountaineering.
- You'll work with top, dedicated professionals.
- You'll have the rank and privileges of an Army officer.

If you want more information about the Army Reserve, or if you would like to talk to an Army Reserve physician, our experienced Army Medical Counselors can assist you. Call collect or write:

MAJ H. RUBIN OR CPT C. DAWSON
(708) 541-3644 (Collect)

BE ALL YOU CAN BE.®
ARMY RESERVE

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

Storm submitted their resignations following a later March 18 board meeting at which the board voted to reject the doctor's demands; but the board rejected their resignations. Both had reportedly supported the physicians' demands.

Physicians explain their stance

The physicians—family practitioners Roger McFarlin, M.D., Robert Mulch, M.D., and Douglas Byers, M.D.; internist Barbara Mulch, M.D.; obstetrician/gynecologist Joseph Dickstein, M.D.; and surgeon Walter Williams, M.D.—said they would no longer cover emergency room duties, and would send all new admissions to other nearby hospitals at Litchfield and Greenville.

"It's a tough move to take, but we had no other way of getting their attention," said Dr. McFarlin. A major problem, he contended, stemmed from planning of the hospital's new $500,000 outpatient clinic. "I quit the planning committee because [McDermott] ignored whatever the doctors had to say," Dr. McFarlin said. "We're the ones who'll be using it, and we weren't even allowed to see the plans, let alone have a say in how it's built."

Dr. McFarlin accused McDermott of ignoring the committee's recommendations and building an inadequate and unnecessary clinic. "Of the 20 outpatient doctors who come here, not one has signed up for space," he said.

Meade said contracts have not yet been offered for the new 7000-square foot clinic, but the board expects it to be filled when it opens in late April. The board, Meade said, stands behind McDermott, who she said has brought the hospital from financial trouble into prosperity in his four years as chief administrator. McDermott said April 2 he has no intention of resigning, and that he has been told his job is secure. He said he would like to see the boycott resolved soon, and is ready to work again with the doctors who sought his ouster.

Accusations traded

Accusations have been traded over business and practice issues in the dispute. The hospital board seems unwilling or unable to respond, according to Dr. Barbara Mulch, who said board members, elected annually by the hospital association's 900-plus membership, lack the medical or professional expertise to run a hospital.

Hospital officers have contended that the physicians' own interest may have played a role in the walkout. The Hillsboro Medical Center, housing offices for the Drs. Mulches, Williams and Byers, was recently sold to the Springfield Clinic, after first being offered to Hillsboro Hospital. Meade said the hospital board decided it would be more cost-effective to build a new clinic instead, across the street from the Mulches' building.

But the physicians deny the charge. "That was never a factor in the boycott," Dr. Barbara Mulch asserted. "We have general offices here, not outpatient labs, and we don't see it as competition—it's really better having everything here in one place, almost like a 'medical park'."

What effect on hospital operations?

Meade asserted that hospital operations haven't been affected by the walkout. General practitioner Brian Cady, M.D. is admitting patients, and a radiologist and a pathologist also remain on staff. The hospital has contracted with St. Louis University Hospital for five-day, 24-hour coverage of emergency services, Meade said.

Talks are continuing. The doctors have indicated they are willing to drop some demands if others are met, said Dr. Robert Mulch, after an informal March 31 session with board leaders. "We want at least two seats on the board, and we want to see some good faith—that when [McDermott's] contract is up in October, he'll be gone," Dr. Mulch said. "We think we can work out the rest, once that happens."

We're talking about reactivating a joint conference committee, which hasn't been used much lately," Meade said. "That would give the doctors more input, and the board has always been willing to give them a seat on the board," she contended.

Meanwhile, costs continue to mount for both sides. In addition to legal fees and contract costs for St. Louis University staffers, the hospital is losing income each day from fewer admissions, x-rays, lab tests, and other services, said Meade.

Controversy divides Hillsboro

Resolving the standoff may not be easy, with emotions still running high. Many of the physicians still blame McDermott, Dr. McFarlin said, for what they consider his role in keeping their complaints from the board. "The real issue is, do doctors have any say-so in the hospital," said Dr. Mulch. "I think the answer is we darn well better—without running the whole place, our voice and our ideas should still be respected."

Dr. Barbara Mulch said her patients are eager to return to their hometown hospital for care. "We're ready to go back just as soon as we can agree," she said. "This situation is hard on everyone."

The controversy has divided the town, in which the hospital is the second largest employer. Nearly 200 people, including many hospital employees and their families, turned out on both sides during a March 17 rally.

The wounds may be more difficult to heal, said local newspaper editor John Galer. "It's changed the way people look at medical care here," he contended. "They used to think they could take it for granted, but now I think they're looking at it seriously—is this the best, most reliable way, or do we need a better system?" ▲

CHAIRMAN

DEPARTMENT OF MEDICINE

Columbus-Cabrini Medical Center, owned and operated by the Missionary Sisters of the Sacred Heart of Jesus, is seeking a full-time Chairman for our Department of Medicine. Primarily based at 325-bed, university-affiliated Columbus Hospital in Chicago, incumbent will be responsible for medical staff leadership at two hospitals and supervision of residency training program. Candidates should be board certified in internal medicine and have demonstrated skills in teaching, administration and clinical practice.

Send letters of intent, including curriculum vitae to:

Executive Medical Director
Columbus-Cabrini Medical Center
2520 North Lakeview Avenue
Chicago, Illinois 60614

Columbus-Cabrini Medical Center

An Equal Opportunity Employer

Illinois State Medical Society And Its Component Societies

Presents an

Alpine Holiday

From **$899** Per Person
double occupancy



Kitzbuhel, near Salzburg, is a cosmopolitan resort situated in the bracing climate of the Tyrolean Alps in Austria. Enjoy the elegant cafes, cozy taverns, night life and excellent cuisine. Perhaps a cable car ride, mountain hike, a round of golf...whatever is your pleasure. Kitzbuhel is for the discriminating traveler - we invite you to experience it for yourself.

September 9 - 17, 1990
From Chicago, Illinois

TOUR FEATURES:
- Round trip transatlantic air transportation to Munich via American Trans Air's L-1011 jet, featuring "wide body" comfort. Dinner and a snack served en route.
- Seven nights' accommodations in Kitzbuhel at First Class Tyrolean style hotels.
- Transfers and luggage handling.
- Many fascinating optional tours including a two day/one night **Vienna** or two day/one night **Venice** excursion.
- Continental breakfast daily.
- Completely escorted.
- And much, much more.

OPEN TO MEMBERS, THEIR FAMILIES AND FRIENDS

FOR ADDITIONAL INFORMATION CALL OR WRITE:

TRANSGLOBAL
"A World of Experience"

TRANSGLOBAL
8200 Normandale Boulevard, Suite 504
Minneapolis, Minnesota 55437
TOLL FREE: 1-800-328-6264

OR

SIGN UP SOON!
SPACE IS LIMITED!

Meeting and Travel Services
Illinois State Medical Society
Twenty North Michigan Avenue
Suite 700
Chicago, Illinois 60602
(312) 782-1654
(800) 782-ISMS

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/1SMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Family physician—well-equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating, etc. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone—(618) 285-6634.

Twenty-nine physician multispecialty clinic located in desirable east central Wisconsin location is seeking board certified or board qualified orthopedic surgeon to round out its services. Lab, x-ray, excellent hospital. Liberal guarantee and benefits. If interested contact D.F. Sweet, M.D., Fond du Lac Clinic, S. C., 80 Sheboygan Street, Fond du Lac, Wisconsin 54935.

Family practitioners, East Central Illinois. Immediate openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice (group or solo). Attractive support package including benefits. Small, friendly community of 10,000, family oriented environment. Service area of 30,000 people. Located three hours from both Chicago and St. Louis, 90 minutes from Indianapolis, Ind. Exceptional recreational, cultural, and educational opportunities. Modern, well-equipped, 49-bed, JCAH accredited facility. Contact: John M. Dillon, Administrator, Paris Community Hospital, East Court Street, Paris, IL 61944; (217) 465-4141.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Healthline Physician Services, an affiliate of St. Louis University Medical Center, is recruiting for an emergency department medical director and staff physicians at Hannibal Regional; Hannibal, Missouri. Growth oriented program in historic Missouri river town. Good compensation, benefits, paid liability. Part-time/locum tenens also available. Contact Gerry Liebmann Healthline Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, Missouri 63108; 1-800-443-3901.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparoscopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

Family practitioner-physician, preferably BC/BE to join solo family physician in southwestern Illinois. Computerized, organized, very high collection rate. P.O. Box 655, Granite City, IL 62040.

Ob/Gyn—family practice—general surgery—inter-nal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc.; 12724 N. Maplecrest Lane; Mequon, WI 53092; 1-800-243-4353.

Missouri family practice group seeks fourth phy-sician, BC or BE, for historic community with two private colleges, near major university and medical center. Beautiful area. Recreation and cultural activities. Guarantee and other benefits. Reply in confidence to Mary Murphy, Jonas Physician Search. 1-800-544-6728.

Emergency medicine positions available through-out Illinois and Indiana. Part-time, full-time and medical director opportunities in various settings from low-volume emergency departments to high-volume trauma centers. Physicians earn competitive hourly rates and are offered the best malpractice insurance in the industry. No on-call duty or overhead office expenses. Call Joan E. Logel, Spectrum Emergency Care, 1-800-325-3982, ext. 3087 or 314/878-2280, ext. 3087.

Anesthesiologist BE/BC to join established group. Opportunities include private practice, fee-for-service and supervision of CRNA's. Experience in pain management desirable. Send CV to Cynthia Alexander, M:D., 221 N.E. Glen Oak, Peoria, IL 61636.

Internist/ob/gyne/family practice—position is available July, 1990. Accredited ambulatory care facility provides medical services to student clientele. Full-time, 11 month position, competitive salary/benefit package and 40 hour week. Qualifications: M.D./D.O. degree, ability to obtain Illinois license, current DEA registration, and board eligible/certified. Search continued until position filled. Contact Glenn Weiss, M.D., Medical Director, Student Health Service, Illinois State University, Normal, IL 61761; 309/438-8655. Women and minorities are encouraged to apply. Affirmative Action/Equal Opportunity Employer.

Cardiologist—invasive/non-invasive, BC/BE, wanted June/July 1990 to join busy two-physician internal medicine practice located in northern Illinois. Excellent salary and benefits. Send vitae/resume to Box 2168, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family physicians needed to join Carle Clinic in Mattoon, Illinois, a university community of 23,000. Two family physicians are needed in multi-specialty clinic. This clinic serves a seven county area with a unique blend of agriculture, industrial, and professional population. Liberal fringe benefits; salary leading to equal ownership, malpractice coverage. If interested, please write including CV, to Robert C. Parker, Jr., M.D., 602 West University, Urbana, IL 61801, or call collect at 217/337-3417.

Nationwide practice opportunities. All specialties. Fees paid by clients. Call: Wanda Parker, E.G. Todd Associates, Inc., 535 Fifth Avenue, Suite 1100, New York, NY 10017. 800/221-4762, or 800/599-6200.

Family physicians: BC/BE wanted for branch clin-ics in thriving communities. Branch physicians are part of a large multi-specialty group practice in central Illinois which provides financial, administrative, educational, and medical specialty support. Liberal fringe benefits; malpractice coverage, and salary leading to equal ownership. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, 602 West University, Urbana, IL 61801.

Chicago—seeking director, full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795, or in Michigan 1-800-632-3496.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Minnesota—lakes and trees. Family physician to join five others in progressive multi-specialty group including internal medicine and surgery. Outstanding 42 bed district hospital with 130 bed long term care facility. Excellent schools and services with easy access to metro area. Guaranteed salary, full benefits, and bonus. Position available immediately, for confidential consideration and further information, contact: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect: 612/454-7291.

The Department of Family and Community Medi-cine, University of Illinois College of Medicine, Rockford, is expanding and seeks applications for full-time clinical faculty as instructors in family practice residency or undergraduate ambulatory care teaching facilities. Responsibilities include teaching, patient care and research. ABFP board certified/eligible. Teaching and practice experience preferred with OB optional. Salary/rank commensurate with experience. Competitive salary/fringe benefits. Inquiries and CV to L.P. Johnson, M.D., 1601 Parkview Avenue, Rockford, IL 61107. For fullest consideration submit application by July 1, 1990. The University of Illinois is an equal opportunity affirmative action employer.

BC/BE radiologist wanted for locum tenens posi-tion in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Avenue, Champaign, IL 61820.

Looking for an associate to run an established primary care practice with an option to take over the practice in a few months. Call 815/786-9767.

Southern Illinois: family life, outdoor recreation, university environment and traditional values available to physicians at Memorial Hospital in Carbondale, IL. A 153-bed facility, this level II trauma center treats 13,000 patients annually. Compensation includes hourly base, benefits and opportunities for extra income based on performance for qualified physicians. Emergency Medical Care, Inc. provides physician coverage and management support. Chesterfield, MO based EMC has for 12 years delivered professional services with highly qualified emergency medicine physicians. Contact: Jerry Thurman, D.O., 618/549-0721.

Rheumatologist: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE rheumatologist to join a department of three BC rheumatologists. Two year guarantee plus comprehensive benefit package offered. This area, which encompasses Appleton, Neenah, and Oshkosh with a combined population of 300,000-plus, offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln Street, Neenah, WI 54956; 414/727-2702.

Minneapolis/Saint Paul and surrounding commu-nities offer practice opportunities for specialists in: cardiology, dermatology, geriatrics, internal medicine, neurology, obstetrics and gynecology, oncology, ophthalmology, orthopedic surgery, pediatrics, rheumatology, surgery, locums. Contact: LifeSpan Health Care Services, 800 East 28th Street, Minneapolis, MN 55407; 612/863-4193, ask for Jerry Hess.

General internist with psychiatry interest. Marsh-field Clinic multispecialty group practice with over 300 physicians is seeking a medical director for the inpatient psychiatry unit. A BC/BE internist with psychiatry experience is preferred. The medical directorship of the psychiatry unit is half time, and the applicant may develop the other portion of practice which could include a private practice or noncontinuity of care practice such as walk-in clinic, preop evaluation or employee health clinic. Competitive salary and outstanding fringe benefits. Send CV and references to David L. Draves, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect 715/387-5376.

General internist with interest in preoperative eval-uations. Marshfield Clinic multispecialty group practice with over 300 physicians is seeking a BE/BC general interest to staff a preoperative evaluation clinic. There is no hospital practice, night or weekend call. This is a half time position, and the applicant may develop the other half of practice which could include staffing a walk-in clinic; employee health clinic or development of a private practice. Competitive salary and outstanding fringe benefits. Send references and CV to David L. Draves, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect 715/387-5376.

ENT—Effingham, Illinois. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 North Maple Street, Effingham, IL 62401; 217/347-1324.

Chicago, IL—Emsco Management Services cur-rently staffs eight emergency departments and four ambulatory care facilities within the metropolitan Chicago area. If you would like to become a member of a group committed to excellence, please call or send your CV for immediate consideration to: Diane Temple, 907 N. Elm St., Suite 301, Hinsdale, IL 60521, A/C 708/654-0050.

Medical center seeking physicians to work part time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Road, Suite 204, Des Plaines, IL 60016, or call 708/390-0300 or 708/390-9300.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108, 1-800-443-3901.

Physician wanted. Pediatrician, with or without training in allergy, to join rapidly expanding solo practice near Chicago. Excellent opportunity. Reply to Box 2171, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Situations Wanted

General practice and general surgery. Seeking po-sition solo practice in GP/GS, sponsored by a JCAH Hospital, not HMO. Illinois license, American Board eligible in surgery. Available now. Write: 10 Cottonwood, Apt. 811, Canyon, TX 79015.

Academic neurologist, EMG/neuromuscular sub-spec. interested in part time consulting. Medical groups, hospitals, insurance, industry. Provide full details in your reply. Box 2165, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internist (BC) seeks part-time position Chicago northern suburbs. Reply to Box 2169, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified Ob/gyn seeking part-time posi-tions. Please reply to Box 2047, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family-practitioner seeking part-time po-sitions. Reply to Box 2048, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Historic 17-room home 40 minutes from downtown Chicago. Faces country club and features 3-room master suite w/fireplace, commercial kitchen, 5-car garage, security system. For private showing, call only Rita Clark at Coldwell Banker/Santefort-Naughton: 708/957-0600 or 708/799-4719.

Used medical equipment. Two examination tables, EK-8 EKG machine, wall mounted blood pressure instrument and many small items. Call 217/932-4425.

Exceptional primary care practice. Tired of city hassle, traffic disasters; come to the quiet lakeside city of St. Joseph, MI. Office completely equipped, staffed, computerized. Near good hospital. 3000 active patients, no HMO or Medicaid. Excellent collections. $70,000, terms. Call evenings. 616/429-4422 or write: Doctor's Office, P.O. Box 157, Stevensville, MI 49127-0157.

Used medical equipment. Two examination tables; two treatment tables; EKG machine. Call 217/854-7981 after 4:00 pm.

Oak Brook. Exquisite country French home with tennis court. Five bedrooms, library, 3-½ baths, finished basement, three car garage. Hinsdale district. 312/325-4376.

Beverly. Prime medical office space available. High visibility intersection, good parking. 1700 square feet, $12/square foot. Owner will partition. Call 312/445-3942.

Miscellaneous

Published writer and author's editor with 10 years experience on RSNA, AMA, and leading specialty journals will ghostwrite clinical articles, edit symposia proceedings and manuscripts. Please direct inquiries to Marjorie Pannell, P.O. Box 803423, Chicago, IL 60680-3423; tel. 312/241-7015.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing, insurance filing: we provide fast, accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMO's or private insurance please contact LNJ Automated Data Services, 834 E. Rand Road, Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Now available—manual on Illinois state and federal regulations affecting physician office laboratory testing. 150 pages of information with step-by-step instructions on how to comply with the law. To order your copy send $125.00 to Med-Sources, 1080 Nerge Road, Elk Grove, IL 60007. Tel. 708/351-1770.

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

RISK MANAGEMENT

MANAGING RISK IS AN ESSENTIAL FOR PHYSICIANS IN TODAY'S MEDICAL-LEGAL CLIMATE.

Exchange physicians and staff show policyholders practical ways to reduce risk and prevent lawsuits–ranging from educational materials to counseling of individual physicians.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians
SINCE 1976

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

W1 IL417L
v.2 NO.8 1990
c.01--------SEQ: SR0063601
TI: ILLINOIS MEDICINE

"Self-help" abortion groups: a troubling trend? . . . 14

Illinois Medicine

April 27, 1990 ILLINOIS STATE MEDICAL SOCIETY

Illinois physicians vote to keep AMA ties for now

THE ILLINOIS STATE Medical Society (ISMS) voted April 8 at its annual House of Delegates meeting to remain "unified" with the American Medical Association (AMA) for one more year and to reconsider the decision at next year's meeting. The vote climaxed a heated debate by Illinois delegates on whether AMA effectively represents today's practicing physicians on the ethics and morality of AMA's abortion policy and on the rights of individual Illinois physicians to choose their professional associations.

Five resolutions from various county medical societies had called on ISMS to "deunify," breaking AMA membership ties by allowing MDs to join ISMS and their county medical societies without joining AMA. Currently, physicians who wish to belong to either group must join AMA as well. Illinois unified its membership with AMA's in 1950, one of the first states to do so.

The substitute resolution approved by the House called on ISMS to "monitor the AMA's activities, including AMA Resolution 130 and all items related to unification issues brought before the 1990 House of Delegates . . . and report back to the ISMS House of Delegates at its 1991 annual meeting." It also established a special committee to review unified membership at the 1991 annual meeting. Resolution 130, presented to AMA by Illinois delegates at AMA's December, 1989 policy session, called for a complete study of AMA's mission, as well as administrative, policy-making and financial mechanisms (see sidebar page 12).

"The point of the substitute resolution," said its co-sponsor Al Ray, M.D. of Joliet, is that we recognize the concerns of our members, keep them constantly in mind, but attempt to prevent the divorce and remeld the marriage."

"It's important we send a message to AMA about our concerns, and to our constituents back home," echoed LaSalle County delegate Richard Schmidt, M.D. in support of the substitute. By remaining unified now, he said, "we are granting our expression of confidence to the AMA board, its chairman and officers that their moves to accomplish positive,

(continued on page 12)



Wm. Daniels/The Photo Partners

Delegates to the annual ISMS House of Delegates debated a wide variety of health care issues when the House convened April 6-8 at the Westin O'Hare in Rosemont. This Illinois Medicine *contains reports on House actions and activities. Above: Incoming President James H. Andersen, M.D., (R) presents outgoing President Eugene P. Johnson, M.D. with a scrapbook recounting travels to 50 county medical societies across Illinois during Dr. Johnson's 1989-1990 president's tour.*



Wm. Daniels/The Photo Partners

Republican gubernatorial nominee Jim Edgar pledged his support for caps on non-economic damages in medical malpractice suits in a speech to the Illinois State Medical Society April 7. James Strong, a spokesman for Democratic nominee Neil Hartigan, has said that Hartigan does not support caps. See story page 5.

Summit action plan released: "catalyst for public debate"

by Kevin O'Brien

SAYING "the pessimists were wrong," and calling the five-month Chicago and Cook County health care summit process "good government at its best," Chicago's Acting Health Commissioner Richard Krieg, Ph.D. announced the release of the summit's action plan during an April 18 press conference at the offices of the Chicago Urban League.

Dr. Krieg commented just minutes after the summit's 11-member system design and management committee voted unanimously to transmit the plan to Gov. James R. Thompson, Chicago Mayor Richard M. Daley and Cook County Board President George Dunne.

The three governmental leaders convened the summit last August, charging it with recommending solutions to the public health care delivery crisis currently facing the state's most populous county. They set a mid-April deadline for the report so that implementing legislation could be introduced in the current session of the General Assembly.

A 39-member policy steering committee, chaired by Illinois Department of Public Health Director Bernard Turnock, M.D., began deliberations in November. Nine public hearings overseen by Chicago Board of Health President Whitney W. Addington, M.D. generated approximately 1,000 pages of testimony that was the basis for development of ten overall policy principles. These principles guided the work of the smaller system design committee.

(continued on page 17)

In this issue

Court nixes Rockford merger 2
On the Legislative Scene 3
Edgar pledges support for malpractice caps 5
Case in Point 6
Great moments in medicine 7
ISMS House votes on critical issues for MDs 8
Lynn Martin tells auxilians to get involved 10
Board briefs 12
Radiologic tech regulations revision under way 13

3 DIGIT SCF 208
****
0416 IM
NATIONAL LIB OF MEDICINE
TS INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

Federal court upholds denial of Rockford hospitals' merger

by Janice Rosenberg

ON APRIL 3, a three-judge panel of the United States Court of Appeals in Chicago blocked a proposed merger between Rockford Memorial Hospital and SwedishAmerican Hospital. The judges' ruling upheld U.S. District Court Judge Stanley Roszkowski's February 1989 permanent injunction against the proposed consolidation of the two Rockford hospitals.



H. W. Maysent



Robert B. Klint, M.D.

In his decision, Judge Richard Posner wrote, "We are aware of no evidence in the defendant's presentment . . . that nonprofit suppliers of goods and services are more likely to compete vigorously than profit-making suppliers." The question on which the case turned was that of whether federal antitrust statutes should apply to this situation involving two nonprofit corporations. A district court judge in Roanoke, Virginia had reached the opposite conclusion from Judge Roszkowski in ruling on a Virginia hospital merger last February.

Attorneys for the 440-bed Rockford Memorial and the 385-bed SwedishAmerican had argued that their merger, which would leave out Rockford's third hospital, the 300-bed St. Anthony Medical Center, would not be uncompetitive.

The United States Justice Department had brought the antitrust suit, *United States of America v. Rockford Memorial Corporation and Swedish-American Corporation,* against the hospitals in June 1988, following the fall 1987 announcement of their plan to merge. The Department, which examines all mergers of a certain size, viewed the merger as anti-competitive; and Judge Roszkowski agreed.

Summarizing his decision, the judge wrote in February of last year, "The merger is likely to hurt consumers, as by making it easier for the hospitals remaining in the market to collude, expressly or tacitly, and thereby force prices above or further above competitive level . . . When analyzed in the context of the case law . . . it is inescapable that the effect of the proposed merger of [the hospitals] would be to produce a hospital controlling an undue percentage share of the relevant market, and result in a significant increase in concentration of firms in the market, so as to be inherently likely to lessen competition substantially."

Hospital CEOs "surprised, disappointed"

"We're a little surprised and terribly disappointed" by the ruling, said Robert B. Klint, M.D., president and CEO of SwedishAmerican Hospital. "We believe we put together a superb rationale as to why these two organizations ought to come together. Clearly it didn't sell." Despite the opinions from the two courts, Dr. Klint continues to feel the proposed merger would work in Rockford. "It makes sense for the community, for the businessmen who are paying the bill, and for some patients we believe can benefit by it."

At Rockford Memorial, CEO H.W. Maysent expressed similar regrets. "It's a great disappointment," he said. "The courts have completely

(continued on page 18)

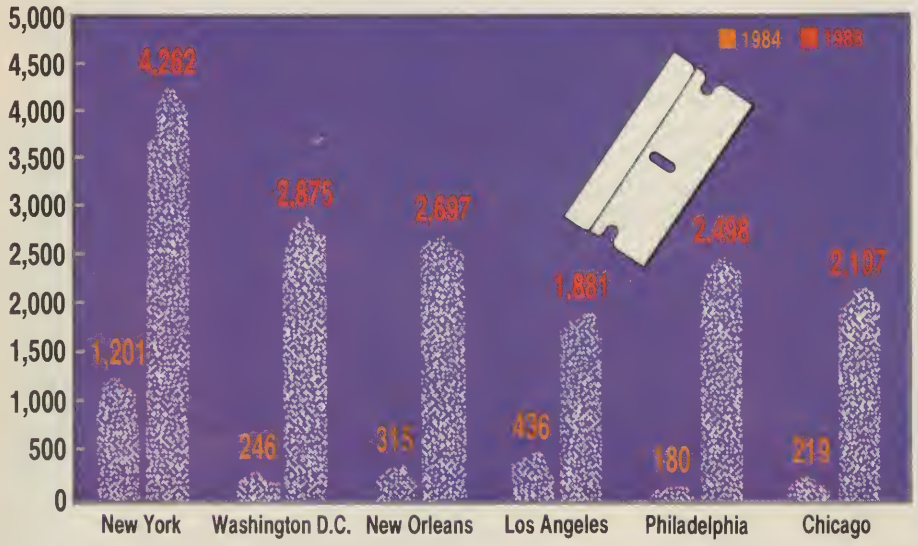
Corrections and Clarifications

In the March 30 *Illinois Medicine,* a mistaken attribution was given in the article, "Plastic surgeon on the prairie." Credit for source material should have gone to Frank B. Norbury, M.D., author of *David Prince: A Pioneer in Surgical Therapeutics In Central Illinois.* We regret the error. ▲

Physician Facts

Cocaine Use Seen by Hospital Emergency Rooms: 1984 and 1988*

(In Selected U.S. Metro Areas)



* Includes Smoking and Injecting Cocaine; Based on Consistently-Reporting Emergency Rooms.
Source of Data: National Institute on Drug Abuse, March 1989.



Wm. Daniels/ The Photo Partners

The decision on whether to withhold life-sustaining treatment will revert to physicians, patients and their families if recommendations contained in Cook County State's Attorney Cecil Partee's task force report on the issue become law. Joining Partee (r) in announcing release of the report are task force Chairman Philip Corboy (l) and member James A. Serritella.

No consensus on nutrition/hydration

Life-sustaining treatment report released by Partee task force

by Kevin O'Brien

IF NEWLY-PROPOSED legislation permitting withdrawal of life-sustaining treatment without prior court approval had been law one year ago, Rudy Linares might not have felt compelled to hold hospital workers at gunpoint as he disconnected his 15-month-old son Sammy from a respirator.

At least that is the opinion of some members of Cook County State's Attorney Cecil A. Partee's task force, which has been studying the issue. The task force's report, including the text of a proposed bill incorporating the panel's recommendations, was made public in an April 12 press conference.

"When Rudy Linares decided to take things into his own hands, he did not have the advantage of doctors [with] whom he could discuss the matter without first going to court," said attorney and task force chairman Philip Corboy. "Under the system and procedure set up here, Rudy Linares would not have [had] to go to court."

A grand jury elected not to indict Linares, but the incident prompted Partee to convene the task force. Approximately 20 of the 49 task force members attended the press conference in the Chicago offices of Mayer Brown & Platt. Chicago pediatrician Jere E. Freidheim, M.D. represented the Illinois State Medical Society (ISMS) on the task force.

The 84-page report recommends that terminally ill patients who have not signed a living will or durable power of attorney be permitted to instruct their physicians to withhold extraordinary measures without first seeking court approval. Moreover, the report says that patients who have lost decision-making capacity do not surrender their right to terminate life-sustaining measures. In this case, the report recommends a hierarchy of surrogates to consult with the patient's physician and make a decision on the patient's behalf.

The report includes an appendix setting forth model legislation codifying the task force's consensus recommendations. The legislation also includes alternative provisions on three issues on which the task force could not achieve consensus.

"The task force urges the return of control over the dying process to patients and to their families," said Partee. "In addition, I recently submitted a proposed law to the Illinois Senate for the foregoing of life-sustaining treatment . . . based largely on the model legislation included in the report." The bill, sponsored by State Sens. John D'Arco, Jr. (D-Chicago) and Judy Baar Topinka (R-North Riverside) was introduced in the General Assembly April 6.

The report also says there should be "a rebuttable presumption that it is the parents who make decisions on the course of medical treatment on behalf of a minor." In addition, it recommends that hospitals establish dispute mechanisms to mediate disagreements among participants in the decision-making process.

No consensus on nutrition/hydration

"There was a variety of perspectives

(continued on page 15)

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

On the Legislative Scene



Rural health care . . . New rural health care legislation has been introduced in the Illinois Senate, similar in many ways to bills considered last year, several of which were ultimately shelved for lack of funding.

Sponsors of the 1990 legislation are Sens. James Rea (D-Christopher), Margaret Smith (D-Chicago), William O'Daniel (D-Mount Vernon), Vincent DeMuzio (D-Carlinville), and Penny Severns (D-Decatur).

S.B. 2277 was among a flood of bills filed in the House and Senate as the legislature moved into high gear following its Easter recess.

Titled the Rural and Urban Health Care Services Improvement Act, the new legislation would organize regional ambulance systems. Two or more contiguous counties with total populations of 20,000 or less, or counties comprising a designated shortage area, could combine to form a regional ambulance system, with a board to oversee state funds.

The bill also sets up a community hospital program, under the direction of the Illinois Department of Public Health (IDPH), to provide assistance to not-for-profit hospitals in rural and urban areas that are medically underserved or have health professionals shortages. County health departments would also provide such services as mobile health units in shortage areas.

Taxes assessed against out-of-state insurance companies are the designated sources of funding for the bill.

IPA universal care . . . A Canadian-style universal health care bill sponsored by Reps. Anthony Young (D-Chicago) and Peg Breslin (D-Ottawa) has been introduced into the House.

H.B. 3291 is based on a plan put forward by Illinois Public Action, formerly the Illinois Public Action Council, a liberal consumer lobbying group. In 1989, the group and its several affiliates worked for the passage of legislation that would have required physicians to accept mandatory Medicare assignment. That legislation, opposed by the Illinois State Medical Society (ISMS), was not passed.

The sweeping proposal for universal health care would do away with the current health care system and replace it with one directed by a 13-member board and fully financed by government funds. Insurance companies and health maintenance organizations would be prohibited from offering health care programs that cover services provided under the universal health care plan.

Hospital and long-term care facility budgets would be set by the board, which would also control all state and federal health care funds.

The board would control nearly all hospital services, services of physicians and other health care professionals and long-term care.

Withdrawal of nutrition/hydration . . . State Rep. Grace Stern (D-Highland Park) has introduced legislation (H.B. 3402) to provide for court-ordered withdrawal of nutrition and hydration from a terminal patient who also is comatose or vegetative.

The person requesting the court order would have to be the patient's personal guardian.

The legislation would require that evidence of three facts be presented to the court. First would be that the patient's condition is terminal, defined as an incurable and irreversible condition in which death is imminent and where "death delaying procedures serve only to prolong the dying process."

Second, the court would require evidence that the attending physician has diagnosed the patient as irreversibly comatose or in a persistently vegetative state, and that at least two other physicians have agreed with the diagnosis.

Third, evidence would be required clarifying the patient's attitude when he or she was competent.

H.B. 3402 does not address issues put forward by Cook County State's Attorney Cecil A. Partee's task force, which issued a report April 12 on the issue (see page 2). That task force has recommended permitting withdrawal of life-sustaining treatment without a court order, according to use of a hierarchy of surrogates consulting with the patient's physician to make a decision on the patient's behalf. The task force report, however did not make a recommendation on withdrawal of nutrition and hydration—the subject of H.B. 3402. The ISMS House of Delegates voted April 8 to push for legislation allowing a physician, in consultation with a patient's family, to withdraw nutrition and hydration from such a patient "without need for judicial intervention in each case" (see page 9). ▲

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

PAYEE GUIDELINES

The following is a clarification of the "Payee Guidelines for Blue Shield Reimbursement" previously published in the June 23, 1989 "Blue Sheet".

I. Physicians will receive payment directly from Blue Cross and Blue Shield of Illinois (BCBSI) under the following circumstances:

The physician submits the bill on a HCFA-1500 form, includes his/her Blue Shield ten (10) digit provider number in item #31, and indicates the following:

A. 1. Box 27 (Total Charge) shows "Total Charge".
2. Box 28 (Amount Paid) shows "Blank/Zero".
3. Box 29 (Balance Due) shows "Balance Due".

Or

B. 1. Box 27 (Total Charge) shows "Total Charge".
2. Box 28 (Amount Paid) shows "Partial Payment".
3. Box 29 (Balance Due) shows "Balance Due".

Or

C. 1. Box 27 (Total Charge) shows "Total Charge".
2. Box 28 (Amount Paid) shows "Blank".
3. Box 29 (Balance Due) shows "Blank".

Or

D. 1. Box 27 (Total Charge) shows "Blank".
2. Box 28 (Amount Paid) shows "Blank".
3. Box 29 (Balance Due) shows "Blank".

II. Physicians will receive payment directly for BCBSI in the following situations when Box 26 (accepts Medicare assignment) is used. An Explanation of Medicare Benefits (EOMB) must be attached to the HCFA 1500 form. NOTE: Merely checking Box 26 and not attaching the EOMB will not guarantee payment to the physician.

A. Box 26 checked "No". EOMB states "Assignment was taken".

B. Box 26 checked "Yes". EOMB states "Assignment was taken".

C. Box 26 "Blank". EOMB states "Assignment was taken".

III. Physicians will receive payment directly from BCBSI when the subscriber submits the bill to BCBSI and requests that payment be assigned to the physician. BCBSI is revising its Major Medical claim forms to include a provision specifying assignment of benefits; in the interim, we will continue to acknowledge the subscriber's written request that payment be made directly to the provider. If unstated, payment will be made to the subscriber.

Subscribers will receive claim payment from BCBSI when they submit their bills directly to BCBSI and do not request assignment of benefits to the physician. Therefore, it is important for MPP/PPO contracting physicians to instruct subscribers who request a copy of their bill not to submit it to BCBSI directly, in order to ensure BCBSI payment to the provider.

(This report is a service to the physicians of Illinois)
4/27/90

Editorials

A firm message of concern

Illinois physicians are deeply concerned, and many are angered, over recent developments at the American Medical Association (AMA) involving financial and personnel management and public effectiveness. At the annual meeting of the Illinois State Medical Society (ISMS) earlier this month, a great deal of discussion focused on practicing physicians' widespread dissatisfaction with AMA's leadership.

The overwhelming sentiment of ISMS physician delegates was for maintaining unification with AMA; very few urged jumping ship from AMA at a time when the profession needs a strong national voice more than ever. What physicians want is a revitalized, rededicated, and reformed AMA that truly represents concerns of practicing physicians in Illinois and throughout the country, and which works effectively on their behalf.

The AMA's effectiveness is compromised when it fails to put forward organized medicine's point of view to the public; or when internal problems hobble its organizational image. In that vein, Illinois' AMA delegation introduced a comprehensive resolution at the December AMA policy meeting calling for reassessment of AMA's mission, activities and effectiveness.

We need the national voice and presence that only the AMA can provide. And ISMS remains confident that a reformed AMA will provide it.

Life and death decisions and Illinois families

It's good news that the task force appointed by State's Attorney Cecil Partee has made clear, helpful recommendations on the issue of medical care for persistently vegetative patients in Illinois. It's good news that the task force report is being followed up by the introduction of legislation in the Illinois General Assembly.

Still, there remain important stumbling blocks. For one thing, no consensus was reached on withdrawal of nutrition and hydration, one of the most controversial areas in medical care for such patients. In addition, while the task force made recommendations to help immunize physicians from criminal liability, the area of civil liability was not resolved. This omission could potentially leave the door open for future medical malpractice lawsuits, even when physicians are acting according to the wishes of patients and their families.

Let's continue to push for progress in this area as soon as possible, and clear up the two remaining gaps: immunity from civil liability and withdrawal of nutrition and hydration. The best interests of patients and families are riding on the outcome. ▲

Illinois Medicine

VOLUME 2, NUMBER 9 **APRIL 27, 1990**

Illinois Medicine **is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

Illinois Medicine **Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

Illinois Medicine **Staff**
Suzanne W. Nelson, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



"I'm sorry, but the doctor can't come to the phone at this time. He's filling out Medicare claim forms right now."

President's Column

150 years of leadership



I consider it a great honor to be your president this year, and thank you for the opportunity. I take seriously the responsibility of representing Illinois physicians during our 150th anniversary celebration. I pledge to give you my best.

It wasn't easy for early Illinois doctors. Back when the Society was founded, mail order doctors, quacks, and snake oil salesmen abounded. It was up to our forebears to establish medical standards and clean out the charlatans. Their efforts resulted in Illinois' first State Board of Health and the beginning of a partnership between state government and the profession, to ensure the quality of health care for the people of Illinois.

We have come a long way in 150 years—advancements in public health and technology have resulted in a premier health care system—the best in the world. But we face challenges in the next decade . . . and the next century.

How did we come so far, and how do we face the challenges that lie ahead?

The answer is *involvement and leadership*—the two things I want to stress during my term as president.

I want to see Illinois physicians involved in leadership, not only within our organization, but also in our communities, in our state, and in our country. I want this to be a year of *reaching out.*

Physicians in Illinois have a long history of leading the way. We have helped found not only public health departments, but also public and private school systems. Throughout history, we have been looked to as leaders in our communities.

The accomplishments of the past were hard won. We need that same spirit in Illinois today; indeed, we need it as much today as in 1840.

Ours is probably the most regulated profession in the world. Our judgment is constantly being questioned by non-medical people. Many of us are becoming weary. But we mustn't let battle fatigue stop us from pushing forward for what is right. To admit defeat and let it happen is the wrong approach. Constant resistance and taking control is the way to go.

The pendulum will swing back someday, even if we do nothing. It always does. But *when*? Can we expect government or special interest groups to understand that unreasonable and misguided regulation will strangle the best health care system in the world? Probably not within our lifetimes. We need to nudge the pendulum back the other way now. If it seems hopeless, just look at Eastern Europe. Who would have guessed the Communist system would cave in as it has?

Our chosen profession comes with a responsibility to be watchdogs of the public health. The issues that trouble us today—the Medicare mess, the PRO, unrealistic reimbursement—these are not medical issues: they are public issues. As physicians, I ask you to take our message to our public servants, from the City Council all the way to the White House.

We must not let cynicism or weariness cause us to underestimate our strength. I know this body can be mobilized. I have seen its power many times in the past. In 1985 and 1987 we lobbied for malpractice and medical discipline reform and had resounding victories. But now, I submit, we must make such involvement the habit, not the exception. The hottest issues can always draw a crowd, but we must also respond to the more deceptive developments that, one by one, can chip away at our ability to practice medicine the way we were taught—and according to our oath. We must continue to act together for the good of our patients . . . and our own professional freedom. ▲

James H. Andersen, M.D.
President

Edgar pledges support for caps in medical malpractice awards

by Kevin O'Brien



ILLINOIS Republican gubernatorial candidate Jim Edgar promised the state's physicians April 7 that he would support caps on non-economic damages in medical malpractice awards if elected in November.

Speaking at the Illinois State Medical Society's (ISMS) annual public affairs breakfast, Edgar told an appreciative audience that "We must, and a Governor Edgar will, fight for medical malpractice legislation that caps the amount of damages that can be awarded for non-economic reasons." During the Republican primary, Edgar was endorsed by the Illinois State Medical Society Political Action Committee (IMPAC).

Edgar, who currently serves as Illinois' secretary of state, said "the lack of such a cap has sent the cost of medical malpractice insurance in this state in orbit," and has contributed to the increasing inaccessibility of affordable health care. It would not be easy to follow neighboring Indiana's example in reforming Illinois' tort liability system, he noted, because the Illinois General Assembly "has a lot of lawyers in it, some of them in key positions.

"But, with your help," Edgar said, "next November, we in Illinois will elect for the first time in over thirty years a governor who is not a lawyer."

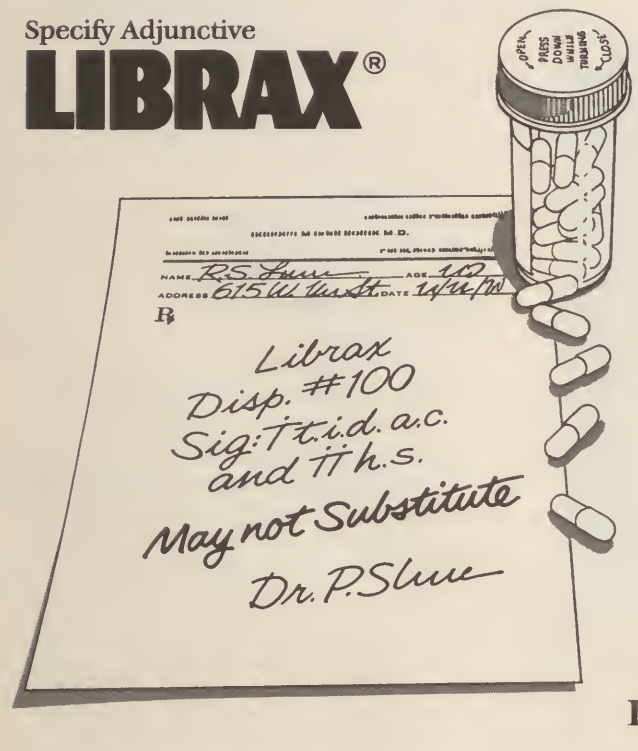
Edgar's Democratic opponent, Attorney General Neil F. Hartigan, is opposed to caps, said spokesman James Strong. "Neil is opposed to any arbitrary ceiling on compensation. It would be unfair to victims for (awards) to be limited by law. How can you put a pricetag on the amount due for an injury? It flies in the face of the judicial process."

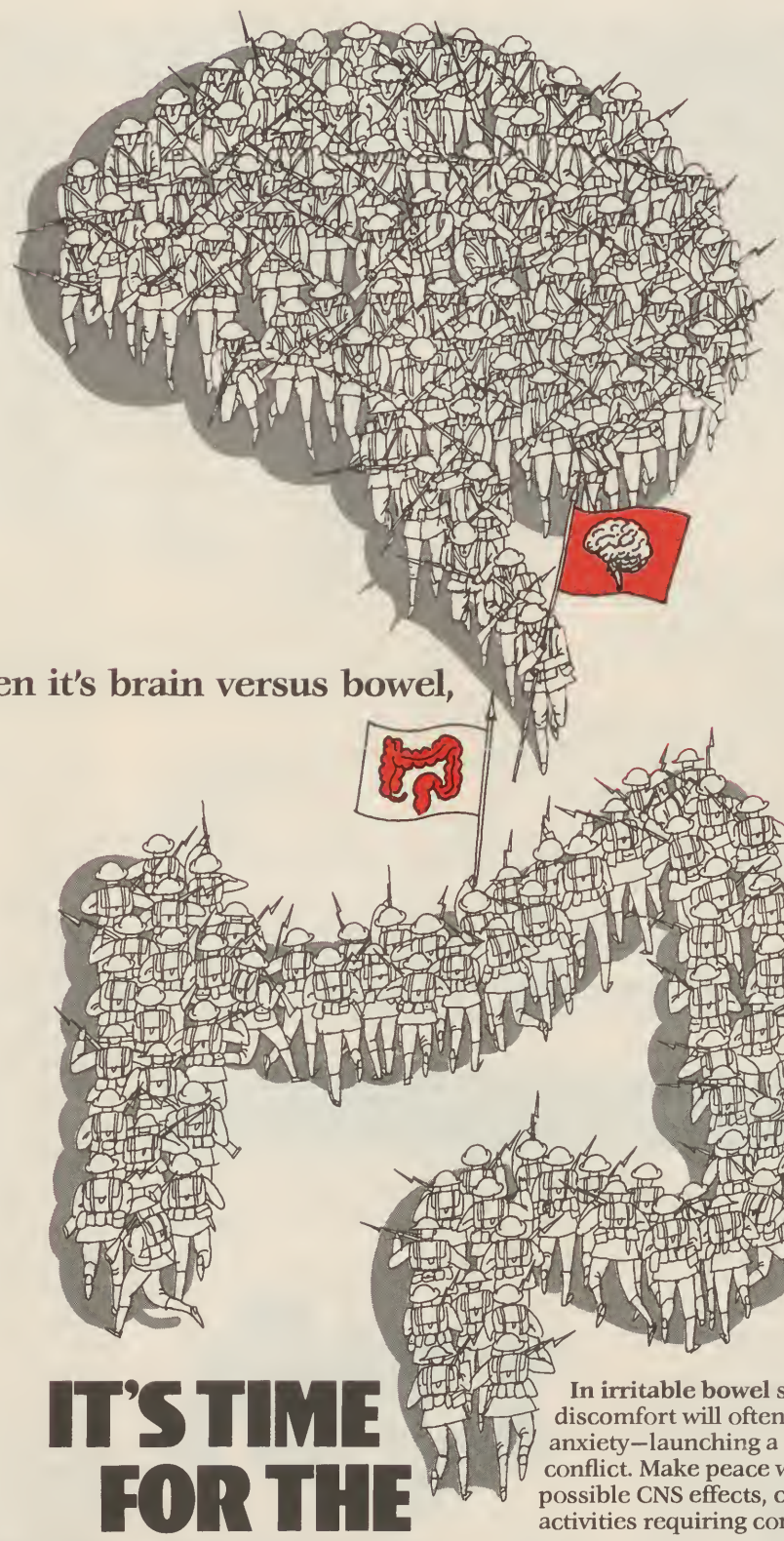
Edgar also called for reform of the Medicaid system. "We need to place more emphasis on the physician-patient relationship, patient education and patient responsibility." He called for renewed emphasis on prenatal care, saying that case workers should intensify efforts to encourage pregnant women "to seek care and stick with it."

Calling for greater attention to disease prevention through such efforts as infant immunization, better nutrition and a healthy living environment, Edgar said the concept can be applied to the rest of state government. "If there's a theme that I hope to establish as the next governor, it is the theme that throughout the state government . . . 'Where can we prevent problems from developing?'"

Edgar defeated challengers Steven Baer and Robert Marshall, M.D. to win the Republican nomination. ▲

Specify Adjunctive
LIBRAX®





IL

To insist on the brand, be sure to check the "May not Substitute" box on your prescription.

In IBS,* when it's brain versus bowel,

IT'S TIME FOR THE PEACEMAKER.

In irritable bowel syndrome,* intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive
LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).
Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.
As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.
Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

P.I. 0288

ROCHE® Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

Copyright © 1989 by Roche Products Inc. All rights reserved.

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin
President, Medit Associates

In this issue, we depart from the normal Case in Point format to discuss a number of example cases in the hysterectomy area.

WHEN THE ILLINOIS State Medical Inter-Insurance Exchange Risk Management Subcommittee on Obstetrics and Gynecology reviewed 85 hysterectomy claims recently (more than half of which resulted in a judgment or settlement), cases such as these were most common:

- A 31-year-old woman undergoes a hysterectomy for a fibroid that proves non-malignant. She sues the physician for performing an improper procedure rendering her sterile.
- During a vaginal hysterectomy, the bladder is nicked and ureters damaged in a 46-year-old woman, leaving her incontinent. She sues.
- After a hysterectomy, complications, including pain, bleeding and infection necessitating an extended hospital stay, develop in a 54-year-old woman with many medical problems. She files a claim.
- When a 43-year-old woman is in the recovery room following a hysterectomy, it is discovered that a sponge has been retained. The foreign body is eventually removed, but she sues.

After careful study of the hysterectomy cases, the committee extracted the most common denominators and developed some suggestions for minimizing such claims, while improving patient care and communications. Subcommittee Chairman Leroy Sprang, M.D. of Evanston, briefly summarizes these suggestions, with some relevant comments:

- Confirm that the procedure is indicated. Perform appropriate examinations, procedures and tests to verify the diagnosis. Evaluate other approaches to solve the problem before considering surgery. Is there a more appropriate alternative available? When there is any question, get a second opinion. Document everything.

"In seven different cases, a major allegation was that the procedure itself was not indicated. If a plaintiff's attorney can establish that this is true, then everything that follows is improper," Dr. Sprang says.

The committee also stressed that a physician should never let a patient talk him/her into doing a hysterectomy unless it is absolutely indicated.

"If the main indication is pelvic pain without organic evidence, for example, check further and get that second opinion," says Dr. Sprang.

In the first case cited, in which a fibroid was removed from a young woman, the indication for the hysterectomy was not clear, had not been thoroughly documented, and the patient was upset because she became sterile when she still wanted to have children. The judgment against the doctor was substantial.

The second case demonstrates the importance of a clear understanding on the part of a hysterectomy patient about possible complications which may develop.

"Lack of informed consent is an allegation that cuts across almost every hysterectomy claim," Dr. Sprang notes. "At the heart are patients' failed expectations. Physicians sometimes contribute to unrealistic expectations by telling women before surgery that 'everything is going to be fine'." Here is the committee's suggestion to achieve informed consent:

- Openly discuss indications for a hysterectomy with the patient. Explain any other options or alternatives. Describe risks and possible complications, such as injury to the surrounding structures, bleeding and infection. Make sure the patient understands that after a hysterectomy she will be sterile. Document the informed consent process fully in the chart.

"If a complication does occur, an informed patient may say, 'Yes, Doctor, you told me that could happen.' The surprise element is removed and a patient may feel less anger. The doctor should refrain from expressing guilt but immediately assure the patient that they will work together to solve the problem. Sometimes, when something goes wrong, a doctor tends to avoid a patient. This should be the time to communicate more, not less," says Dr. Sprang.

The third case, in which complications develop in a woman with many medical problems, underscores another problem for which the committee has a specific suggestion:

- Perform a thorough physical examination and obtain a complete medical history on a potential hysterectomy patient. Check with the patient's primary care doctor and, if appropriate, refer the patient to an internist for further work-up. Resolve as many existing problems as possible before surgery so the patient is in the best possible condition. Take chronic problems such as diabetes or cardiac problems into consideration.

Dr. Sprang, for example, says he tells smokers to stop smoking before surgery, explaining that the risk of complications in heavy smokers is three times greater than in nonsmokers.

The committee noted in its claims review that failure to recognize and treat post-surgical complications was another common allegation. It offered the following suggestions:

- Follow up post-hysterectomy patients during hospitalization. Be on the alert for possible complications. Listen to the patient. Read nurses' notes. If problems do develop, treat them quickly and aggressively, calling in a consultant when necessary. Don't be pressured to discharge a patient until you are sure she is ready to go home. Before she leaves, instruct her to contact you if she develops fever, bleeding, infection, pain or other problems.

"If you don't know about a later complication, you can't treat it," points out Dr. Sprang.

The fourth case demonstrates the perennial problem of the foreign object left behind. To avoid it, says the committee:

- Pay attention to the sponge count. If one is missing or if some other item, such as a needle, can't be accounted for, look for it if possible before closing. If it is not found, get an x-ray. Follow up to resolve the problem as soon as possible. The patient should be advised and, despite good faith efforts to find and remove the offending object, a suit may still occur. (Prompt notification of your insurer can lessen the likelihood of a suit.) Consequently, very comprehensive documentation in the operating report is important.

The operative report is a critical document from a patient care and risk management standpoint, the committee emphasized. It offered some suggestions for these reports:

- List all the pertinent information—the usual as well as the unusual. Dictate the report within 24 hours. Take time to proofread the dictation. Initial it and date it. If a correction must be made, do not obliterate or erase the original entry; single line through it, correct it, initial it and date it again.

Never, never alter a record, warns the committee, because this can be used as if it were a signed confession, to destroy a doctor's credibility and defeat him/her in court.

"We can control how we approach each patient's problem, how thoroughly we evaluate the options, how carefully we make our decisions, how we utilize the experience and skills of other colleagues when a second opinion is called for, how comprehensively we document what we do, but most of all, how well we communicate with our patients," Dr. Sprang notes.

"If you do everything right but there is a bad outcome, you stand a chance of being sued. But sometimes whether or not this happens depends in large measure on how good the lines of communication are that the doctor has established with the patient," concludes Dr. Sprang. ▲



Wm. Daniels/The Photo Partners

The Bill Bailey Banjos performed at the 150th birthday party for the Illinois State Medical Society hosted by the Illinois State Medical Inter-Insurance Exchange, ISMS' affiliated insurer. At the party, Exchange Chairman Fred Z. White, M.D. noted the Exchange will give dividends to 1986-87 policyholders who were continuously insured through March 31, 1990.

Exchange Q & A

Physicians are encouraged to submit queries to: Exchange Q & A, Illinois Medicine, *Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602.*

Q: *When a patient contacts me for copies of office records of his/her care and treatment, am I obligated to provide them to the patient, and if so, what procedure should I follow?*

A: It is important that you have on file a properly signed authorization to release medical records to anyone, including the patient. This should include a description of information to be released and the purpose, any restrictions to the release, who is to receive the information, the patient's signature (or person legally authorized to act on the patient's behalf) and the date of authorization. (Additional restrictions apply to psychiatric, drug and alcohol abuse records). If the patient requests copies of his/her medical records you are obligated to provide them. If an attorney or anyone else requests the records they should only be provided if accompanied by a signed release from the patient. Never send original records. Potential claims or other problems may be identified first by a request for the record of treatment. If a potential claim is threatened or suspected contact the Exchange to report the situation. This will allow for early warning of a potential lawsuit which can be important in preparing facts for future defense. ▲

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

Illinois' maverick woman doctor spurs hospitals

LETITIA Westgate, M.D., began her life as a farm girl in LaSalle County, and ended it as one of the most influential women in Illinois medicine. Her turbulent career as one of the rare female physicians in turn-of-the-century America was marked by both success and scandal.

1 5 0

Shortly after graduating with high honors from Northwestern University Medical School, Dr. Westgate opened Sycamore Surgical Hospital—an emergency facility and the first hospital in DeKalb County. Patients were charged $5 per week, and granted "the privilege of bringing a friend or relative to care for them during their stay; otherwise they will be charged extra for board and nursing."

By 1898, Dr. Westgate had found the emergency hospital inadequate to serve the needs of the community, and launched a campaign to build a modern full-service facility for Sycamore. At first, her fund-raising efforts were unsuccessful, but after local newspapers chided the community for not being more supportive (one mentioned she had "a flattering offer at Lincoln, Nebraska, to locate there, and unless Sycamore business men want the hospital, the doctor will go West!"), Dr. Westgate had her hospital within a year. It was, according to reports, "one of the finest buildings in the state, costing about $25,000."

Patients were granted "the privilege of bringing a friend or relative to care for them during their stay"

A short time later, Dr. Westgate's promising career received a serious blow when two women accused her of being responsible for the death of a patient. When the rumors caused Dr. Westgate's practice to fall to almost nothing, she went to court to sue the two women for "slandering her, and putting into jeopardy her reputation as a physician." The trial turned into a media circus, with newpapers printing court proceedings verbatim.

Dr. Westgate won the lawsuit, but the loss of public support took its toll. "More than once I felt tempted to self-destruction," she wrote. Shortly thereafter, Sycamore Hospital—which had been severely vandalized during the trial—became too expensive to operate. The building was rented out, and Dr. Westgate moved to Aurora, where she continued her practice.

Away from the center of controversy, Dr. Westgate nevertheless continued earning her reputation as a maverick. She was one of the original crusaders for children's health and among the first to warn of the effect of a parent's alcohol abuse on a child. In an era that idealized the mother-child relationship, Dr. Westgate taught that the father also had a profound influence. In her writings, she urged women to "rise to a higher level and no longer be content to take just anything from life."

In 1913, Dr. Westgate shocked the public by defending a young girl who bore a child and, against her parents' wishes, refused to marry the child's father. Dr. Westgate went to court to get permission for a court-appointed guardian, and the girl went to live with a wealthy family who saw to it that she went to school.

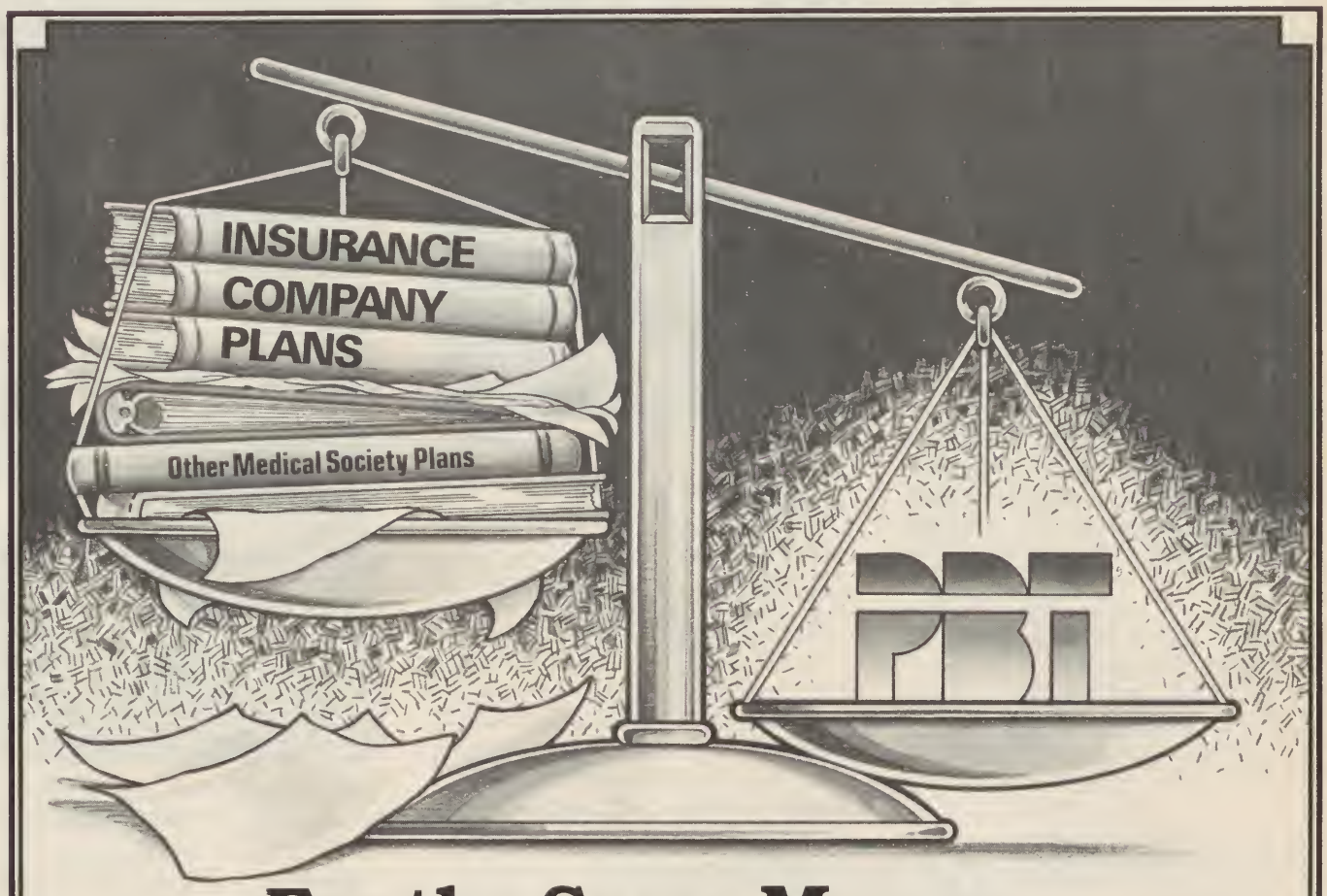
At the age of 73, Dr. Westgate took on the whole state's political system when she publicized her research into the cause of death of 52 patients at Manteno State Mental Hospital. She is quoted as saying, "Rotten politics is the cesspool that is to blame for filthy milk, a polluted water supply and many more horrible conditions that exist at Manteno Hospital. . . ."

Dr. Westgate died in the early 1940s, a still-outspoken, idealistic crusader who had made an indelible mark on Midwest medicine and on the status of women physicians. ▲

Editor's note: Information for this article was derived from a 1977 Journal of the American Medical Women's Association *piece by Rosanne Frank.*



Letitia Westgate, M.D. (Photo: 1899 DeKalb Chronicle *Souvenir Edition; reprinted with permission.)*



For the Same Money, the Others Don't Measure Up

With the PBT's high quality Major Medical Plan available at low group rates, why would a physician choose any other protection? The PBT Major Medical Plan measures up with extras like no pre-approvals, free choice of doctors and hospitals, and fast, friendly claims service. It's what you expect from your own medical society. After all, we're just what the doctors ordered!

For major medical coverage that outperforms the competition, call or write the Physicians' Benefits Trust.

(800) 621-0748.
(312) 559-9130

☐ Please send information about the **PBT Major Medical Plan.**
☐ Send information about the other PBT plans I have checked.

☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Long Term Disability
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____
Practice Name: _____
Street: _____
City/State/Zip: _____
Telephone: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

ISMS

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

House endorses Ring and Seward AMA candidacies; pharmaceutical gifts issue sparks debate

THE Illinois State Medical Society (ISMS) House of Delegates narrowly defeated a resolution asking ISMS to adopt ethical guidelines retricting physicians' acceptance of expensive gifts from pharmaceutical and other medical supply companies. After two inconclusive voice votes on the issue, the Speaker called for the House to be counted, revealing 100 votes against and 93 in favor.

Reference Committee A had recommended not adopting the resolution because it said the measure's concerns were addressed in current ISMS and American Medical Association (AMA) policy. The committee cited AMA Council on Ethical and Judicial Affairs 1989 opinions regarding fee splitting and the prescribing of drugs or devices.

Resolution supporters said the reference committee report addressed only one of three concerns raised by gifts of trips, dinners and money from such firms. Resolution sponsor James E. Bane, M.D. (Winnebago) said an obligation evolves whenever a physician accepts a gift, and "that obligation can significantly impact on the physician-patient relationship." He and other supporters also criticized the lavishness of many of the gifts, saying their cost is eventually borne by patients, including the elderly on fixed incomes. Finally, Dr. Bane said the integrity of the profession is at stake. "I think the public perception of our profession is tarnished by unregulated acceptance of these gifts," he said.

The House approved by acclamation resolutions endorsing the June 1990 candidacies of AMA Board Chairman John J. "Jack" Ring, M.D. of Mundelein for AMA president-elect, and P. John Seward, M.D. of Rockford for AMA trustee. ▲



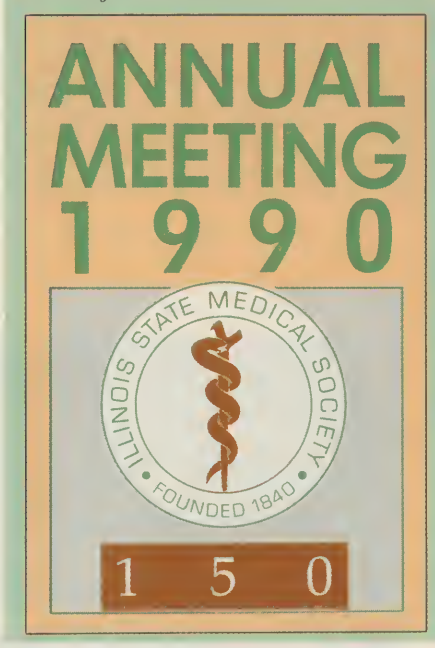
P. John Seward, M.D., a Rockford family practitioner, was supported by the House of Delegates in his candidacy for the post of AMA trustee.

(Annual meeting photography by William Daniels/The Photo Partners.)



Ronald J. Ciskoski, M.D. helped preside over Reference Committee B.







William B. Frymark, M.D. (left) and Eugene B. Loftin, M.D. (right) participated in the reference committee hearings preceding the full House.



Medical student members attending the 1990 annual business meeting of the ISMS Medical Student Section included (from left to right): William McDade, Michael Cantor, Valerie Goldfain, Kevin Tarrant, JoAnne Micale, Pete Selz, John Buergler, Samir Master, Gary E. Lane, Clayton Cowl, Kenneth Chern, and Steven Butz.

Peer review, rural OB care, Medicare discharge issues arise

PEER REVIEW, utilization review (UR), rural obstetrical care and Medicare issues were running themes in resolutions coming out of Reference Committee B for consideration by the House.

The House defeated a resolution which would have asked ISMS to work for the repeal of the Medicare discharge notification law that went into effect January 1. That law requires hospital medical staff personnel to notify Medicare patients 24 hours in advance of their anticipated discharge. A number of delegates emphasized that, while some hospital administrations have made the law more onerous to physicians by attempting to require written notice to patients (because of confusing communications from the Illinois Hospital Association), the law itself does not require that notice be written.

Three resolutions approved by the House address UR issues directly, indicating dissatisfaction felt by some Illinois physicians regarding medical UR activities. Delegates approved resolutions that ask ISMS to: 1) push for legislation requiring physician peer reviewers operating in Illinois to be licensed in Illinois; 2) explore the development of a mechanism to place liability on peer and utilization reviewers and the organizations that hire them; and 3) call on AMA to give high priority to changing the federal Employee Retirement Income Security Act (ERISA) law. Such changes should provide for regulation of objectionable UR practices and provide grievance procedures for physicians with UR and "hold harmless"-related problems.

Two Medicare peer review organization (PRO)-related resolutions were also passed, asking ISMS to: 1) call on the AMA to work with the Health Care Financing Administration to revise certain PRO letters sent to physicians, removing any suggestion of wrongdoing and better indicating information the PRO needs to complete its investigation; and 2) lobby the Illinois congressional delegation to change the new PRO sanction regulations and call on the AMA to take action to modify the Medicare regulations issued in October 1989. Those regulations require that PROs hold a formal sanction hearing when the PRO has found that a physician has committed a "gross and flagrant" quality violation, even if only one such instance is cited.

Commenting on the UR resolution favoring licensing of reviewers and liability for reviewers, Alfred J. Kiessel, M.D., chair of the ISMS Third-Party Payment Processes Committee, said, "In general, in the insurance industry, the UR process has gotten out of hand; the doctors are just plain fed up. But there are some significant obstacles to getting a handle on the problem. Many of those causing problems are exempt through ERISA from state insurance laws. There have been meetings between AMA, the Health Insurance Association of America, and Blue Cross/Blue Shield. They've come up with guidelines for UR procedures, but it's unclear whether they're gaining acceptance."

House looks at nurse midwives working under MD supervision

ISMS will explore the feasibility of low-risk obstetrical care being provided by a competent and formally trained certified nurse midwife serving "under the supervision of a physician licensed to practice medicine in all its branches and who has adequate obstetrical training." The resolution also asked ISMS to develop recommendations encouraging the legislature and/or the Illinois Department of Public Health to allow rural hospitals greater flexibility in meeting state regulatory requirements. ISMS is already working in this area through its subcommittee on rural health initiatives, chaired by George Mitchell, M.D.

Metropolitan health department directors

The House referred to the ISMS Board of Trustees a resolution calling for directors of metropolitan public health departments to be physicians. Considerable debate took place both in the reference committee and in the House regarding the definition of "metropolitan;" a delegate from southwest Illinois noted that his county was across the river from the St. Louis area, and could conceivably be considered "metropolitan." ▲



Above right: Joan E. Cummings, M.D., a Hines internist and geriatrician, served as Speaker of the 1990 Illinois State Medical Society House of Delegates.

Withdrawal of nutrition/ hydration receives attention

A WIDE VARIETY of issues came to the fore in Reference Committee C, where House delegates debated the merits of resolutions ranging from withdrawal of nutrition and hydration for persistently vegetative patients to regulation of consumer tanning parlors. Highlights of House actions include the following:

Withdrawal of nutrition/hydration

The House voted to push for legislation to allow a physician, in consultation with a patient's family, to withdraw nutrition and hydration from a patient in a vegetative state "without need for judicial intervention in each case."

Supporters said the recent Rudy Linares case, in which a Chicago man disconnected his 15-month-old son from life support while holding hospital workers at gunpoint, prompted the resolution. Several supporters bemoaned the current legislative "void" on this issue. They also said the five-step procedure articulated in the recent Illinois Supreme Court decision in the *Longeway* case is cumbersome and burdensome.

In the wake of the Linares case, Cook County State's Attorney Cecil Partee convened a task force to review current Illinois law and make recommendations regarding such situations. The task force report (see story, page 2), issued last month, calls for legislation. However, ISMS Third District Trustee Jere E. Freidheim, M.D., who served on the task force, told the House that task force members did not reach consensus on the witholding of nutrition. He said that most task force members, especially those without medical training, did not regard nutrition as a medical procedure. Consequently, Dr. Freidheim said, "What is being sent to the legislature is going to leave that up in the air, so I think it would behoove us to develop a proposal."

Rural health care

The House approved a substitute resolution to make it a priority that ISMS consider the problem of physician shortages in rural areas, particularly obstetrician shortages.

Tanning parlors

The House agreed that ISMS should discourage the use of ultraviolet (UVA) tanning booths and sunbeds. ISMS endorsed the Food and Drug Administration's warning that tanning booths and sunbeds pose potentially significant health risks to users, and will work to better inform the public regarding skin health and the hazards of UVA overexposure as part of its ongoing public education program. ISMS will also work with the Illinois Dermatological Society to secure state regulation and oversight of tanning parlors.

Infant formula

The Resident Physician Section initially sought ISMS adoption of a policy opposing advertising infant formula to the lay public. However, a substitute resolution was adopted, focusing on the importance of breastfeeding and calling it "the optimal form of nutrition for most infants." It urges parents contemplating use of infant formula to do so in consultation with a physician. The resolution will also be submitted to the next meeting of the AMA House of Delegates.

The residents also received House support for two resolutions calling for additional residency training in the areas of home care and the medical-legal aspects of end-of-life care.

Alcoholic beverage tax

The House adopted a resolution asking ISMS to support an increased tax on alcoholic beverages to fund the care of alcohol-related victims of trauma, so that consumers of alcoholic beverages bear the financial burden of caring for these patients, rather than the general public. The resolution also stated that ISMS develop and support legislation to establish a special trust fund to receive these monies and distribute them for uncompensated care of alcohol-related trauma victims.

Low-level radioactive waste facility

The House agreed that ISMS should support the efforts of the Illinois Department of Nuclear Safety to site and build a low-level radioactive waste facility.

Interstate patient transfer

A Hospital Medical Staff Section resolution asking that ISMS work with neighboring state medical societies to resolve funding problems arising from out-of-state hospitals that transfer patients to nursing homes in Illinois was referred to the Board of Trustees. Proponents said the phenomenon, which involves mostly patients transferred from Missouri to Illinois, creates undue financial burden on the Medicaid system when such patients become sick and enter Illinois hospitals, where they become immediately eligible for public aid. ▲



The "Dixieland Docs" of Rockford delighted ISMS auxiliary delegates April 5 at the group's social function, which included a tribute to ISMS' 150th anniversary.

General Assembly passes ISMS birthday resolution

On April 4, the Illinois General Assembly passed a joint resolution congratulating the Illinois State Medical Society (ISMS) on its 150th anniversary:

Senate Joint Resolution 128

WHEREAS, It has come to the attention of this body that the Illinois State Medical Society is celebrating its 150th year of service; and

WHEREAS, On June 9, 1840, twelve physicians gathered in Springfield, and they agreed to a concerted effort and began what is today the Illinois State Medical Society; and

WHEREAS, The Illinois State Medical Society was re-organized in 1850, and the first constitution and bylaws skeleton were adopted at the June 4, 1850, meeting; and

WHEREAS, As stated in the constitution currently in existence, the purposes of this society are to promote the science and art of medicine, to protect the public health, to elevate the standards of medical education and to unite the medical profession behind these purposes; and

WHEREAS, In addition, the Illinois State Medical Society promotes its purposes by participating in the American Medical Association, and by informing the public and profession concerning advancements in medical science and the advantages of proper medical care; and

WHEREAS, In 1876, the Medical Society was successful in its quest for the establishment of the Department of Public Health, which led to the first Medical Practice Act which in turn called for the licensing of physicians; and

WHEREAS, Through the years, the Medical Society has supported practices which included the rewrite of the Medical Practice Act and actions creating medical disciplinary mechanisms and mandatory reporting, to name a few; and

WHEREAS, The Medical Society and its members have expended millions of dollars to enhance medical education throughout Illinois, and

WHEREAS, Currently, the Illinois State Medical Society includes over 18,000 physicians licensed to practice medicine in the State of Illinois; therefore, be it

RESOLVED, BY THE SENATE OF THE EIGHTY-SIXTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF REPRESENTATIVES CONCURRING HEREIN, that we congratulate the Illinois State Medical Society as it celebrates its 150th year of service; that we commend the members past and present who have dedicated themselves to the purposes of the society; and that we extend our best wishes to them for continued health and happiness in the future; and be it further

RESOLVED, That a suitable copy of this preamble and resolution be presented to Eugene P. Johnson, M.D., President of the Illinois State Medical Society. ▲

What's your opinion of the ISMS annual meeting?

At the Illinois State Medical Society's (ISMS) annual meeting, Illinois Medicine *sent its roving reporter into the House to chat with delegates from throughout the state. We asked them how their perceptions of the annual meeting have changed, how organized medicine has helped them in their counties, and what issues are most important to them. (Photos by William Daniels/The Photo Partners.)*



Patricia Merwick, M.D., internist
Du Page County

I've become more impressed with the substantive issues discussed, particularly in the reference committee hearings. ISMS delegates bring a broad-based interest and knowledge to many topics each year. It's even more interesting when the issues are ultimately brought to the House floor and points of views are discussed that have not always been forthcoming in committee.

Organized medicine has done a significant amount to help the malpractice problem, but more still needs to be done. The reforms organized medicine assisted in passing in the 1985 Illinois General Assembly have significantly reduced at least the height of the crisis. But we must go back to obtain a cap on non-economic damages, and I hope we'll be able to do that.



Donald Casey, M.D., internist
Cook County

A prime example of how organized medicine helps solve problems is when we've had trouble with Blue Cross/Blue Shield of Illinois regarding reimbursement for office-based codes. We've been working with BC/BS to change this. Just recently, we received confirmation that they will be adjusting to a more appropriate situation for Illinois physicians. It's obvious on all fronts that ISMS is helping not only physicians, but patients, too. Good patient care is our primary focus.

There were a number of important resolutions before the House concerning Medicare's peer review organization (PRO) issuing sanctions against physicians. We've seen the PRO raise more and more allegations of poor quality medicine which appear somewhat subjective. It's our hope we can address this issue with the PRO in our county and hopefully achieve a better understanding of the problems, to decrease the so-called "hassle factor" making medicine so difficult to practice in 1990.



Miles Jones, M.D., pathologist
Williamson County

ISMS delegates attending the annual meeting have always been a very active medical group. I'm impressed with the number of resolutions that arise each year and the physicians' commitments and concerns. The process is extremely democratic. Anyone who wants to have a voice has one.

We have a big problem with rural health care in Illinois, particularly obstetrical care. We have many small towns in rural Illinois; they still need the same care as individuals in larger cities, but they can't support their hospitals. Some mothers have to travel 60 miles just to get prenatal care.

We had a very good resolution put forth this year for our medical society and we were very hopeful it was going to pass. This is extremely important to us because Southern Illinois has an infant mortality rate twice the national average and the greatest infant mortality rate of any Illinois region.



Fred Kemp, M.D., dermatologist
Kane County

I'm interested as a dermatologist in the resolution regarding tanning parlors, but overall, our county is just interested in the general betterment of medicine. Right now, the most important issue for us is separation of the requirement to join the American Medical Association versus just ISMS.

I'm also impressed with the democracy of the medical society. Anyone who has ideas about what they want to have medicine accomplish, legislatively or morally, can get their ideas presented. If that seems to be the general view of the group, then those ideas will be adopted. It's an extremely democratic organization.

Trying to solve troubles in medicine is an ongoing process. We've benefitted from tort reform to some extent and there's been a leveling of our premiums, thanks to the efforts of the Society. That's the most tangible change we can point to for the short term.

Lynn Martin urges auxilians to get involved

UNDERLINing the organization's 1990 theme "It's time to act together," U.S. Rep. Lynn Martin (D-Rockford) told physician spouses attending the Illinois State Medical Society Auxiliary (ISMSA) annual meeting that they should participate actively in public affairs, and get involved in federal decision-making by running for public office.

Addressing the more than 100 physician spouses gathered from throughout Illinois for the ISMSA's 62nd annual gathering April 4-6, Martin said that "Driving a carpool is a lot like getting a bill through [Congress], but the children are often better behaved. Making peace and working on human relationships, isn't that what the world is all about? And caring about how much something costs; do you think there's ever going to be an elected woman that's going to say, 'It's only going to be a billion dollars?' So I say to you, do it! We have an obligation to our communities, our children and our nation to make sure that good women and good men are in office."

Rep. Martin acknowledged the tendency for women to underestimate the value of their experiences in the home and in volunteer work as those apply to public life; she noted that "Thirty years ago, there were 20 women in the U.S. House of Representatives. Today, there are 27 among 435. There are only two women in the U.S. Senate and three women governors among 50. Ideally, we want to say there have been gigantic strides,but it's just not true on the federal level."

"A crucial time for medicine"

Echoing Rep. Martin's call for involvement, newly-installed ISMSA President Cindy McLean of Bloomington told *Illinois Medicine,* "It's a crucial time for medicine in the United States. There are increasing stresses on the medical profession down to the county level. Auxilians must see where we can fit in," McLean said, adding that we must "do something about this, through action and becoming educated about the issues."



Wm. Daniels/The Photo Partners

U.S. Rep. Lynn Martin (D-Rockford) addressed ISMS Auxilians April 5.

During the three-day conference, ISMSA delegates attended a variety of lectures and workshops aimed at preparing them to carry out their objectives and assist in their work for the upcoming year. In the seminar "Assets and Liabilities of Working in Spouse's Office," a panel offered a variety of tips, including how to computerize a medical practice office, how to maximize efforts while working for their spouses and how to open an office from scratch. "We conducted a survey and found that 29 percent of auxilians who've attended our meetings this year are working part-time in their spouses' offices or are thinking about it," said McLean.

Other workshops offered auxilians information on how to achieve fundraising goals through long-range planning and how to implement various projects for any size community.

Planning for future involvement and activity continues at ISMSA. "When most volunteer organizations are losing members, we're holding our own and even making some gains," said ISMSA Immediate Past President Nancy Hoffmann of Rockford. "County auxilians have really worked hard implementing more than 50 health projects statewide. We hope we can continue our successful efforts." ▲

ISMS elects new officers, trustees, delegates

ANNUAL MEETING 1990

The Illinois State Medical Society (ISMS) elected new leaders across the state Sunday, April 8, 1990.

President: Oak Brook thoracic surgeon James H. Andersen, M.D.

President-elect: Bloomington ophthalmologist Robert M. Reardon, M.D.

1st vice president: Melrose Park radiologist Ulrich F. Danckers, M.D.

2nd vice president: Elgin family physician Eugene B. Loftin, M.D.

Secretary-treasurer: Palatine surgeon Alfred J. Clementi, M.D.

Chairman of the Board: Edwardsville pediatrician George T. Wilkins, Jr., M.D.

Speaker of the House: Hines internist Joan E. Cummings, M.D.

Vice-speaker of the House: Rockford surgeon Raymond E. Hoffmann, M.D.

ISMS also elected delegates to represent physicians at AMA's national policy-setting meetings.

AMA delegates elected were: James H. Andersen, M.D. of Oak Brook; Andrew Basile, D.O. of River Grove; Joan E. Cummings, M.D. of Hines; Ulrich F. Danckers, M.D. of Melrose Park; Edward J. Fesco, M.D. of LaSalle; Henrietta Herbolsheimer, M.D. of Chicago; Lawrence L. Hirsch, M.D. of Northbrook; Rod Matticks, M.D. of Springfield; Joseph B. Perez, M.D. of Rockford; P. John Seward, M.D. of Rockford; Robert M. Vanecko, M.D. of Chicago and Fred Z. White, M.D. of Peoria.

Alternate delegates elected were: H. Constance Bonbrest, M.D. of Chicago; Audley F. Connor, Jr., M.D. of Chicago; Chester C. Danehower, Jr., M.D. of Peoria; Arvind K. Goyal, M.D. of Itasca; Manuel O. Guerrero, M.D. of Moline; Eugene B. Loftin, M.D. of Elgin; William J. Marshall, M.D. of Olympia Fields; Patricia A. Merwick, M.D. of Elmhurst; James G. Reid of North Chicago and Alan M. Roman, M.D. of Flossmoor.

Trustee Districts



ISMS 1990 Trustees

First District
Counties of Lake, Kane, McHenry
David B. Littman, M.D., Highland Park**

Second District
Counties of Bureau, Ford, Grundy, Iroquois, Kankakee, Kendall, LaSalle, Livingston, Marshall, Putnam, Will, Woodford
Edward J. Fesco, M.D., LaSalle

Third District
Cook County
H. Constance Bonbrest, M.D., Chicago**
Jere E. Freidheim, M.D., Chicago
Arvind K. Goyal, M.D., Itasca
Harold L. Jensen, M.D., Harvey
William J. Marshall, M.D., Olympia Fields
Adriano Olivar, M.D., Flossmoor**
Alan M. Roman, M.D., Flossmoor*
M. LeRoy Sprang, M.D., Evanston*
Warren H. Staley, M.D., Chicago**
Robert M. Vanecko, M.D., Chicago**

Fourth District
Counties of Fulton, Hancock, Henderson, Henry, Knox, McDonough, Mercer, Peoria, Rock Island, Schuyler, Stark, Tazewell, Warren
Lorris M. Bowers, M.D., Peoria

Fifth District
Counties of DeWitt, Logan, McLean, Mason, Menard, Montgomery, Sangamon
Jane L. Jackman, M.D., Springfield

Sixth District
Counties of Adams, Brown, Calhoun, Cass, Greene, Jersey, Macoupin, Madison, Morgan, Pike, Scott
George T. Wilkins, Jr., M.D.**

Seventh District
Counties of Bond, Christian, Clay, Clinton, Effingham, Fayette, Macon, Marion, Moultrie, Piatt, Shelby
Alfred J. Kiessel, M.D., Decatur

Eighth District
Counties of Champaign, Clark, Coles, Crawford, Cumberland, Douglas, Edgar, Jasper, Lawrence, Richland, Vermilion
Arthur R. Traugott, M.D., Champaign

Ninth District
Counties of Alexander, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Massac, Pope, Pulaski, Saline, Union, Wabash, Wayne, White, Williamson
Phillip D. Boren, M.D., Carmi**

Tenth District
Counties of Monroe, Perry, Randolph, St. Clair, Washington
Ronald G. Welch, M.D., Belleville**

Eleventh District
DuPage County
Raymond A. Dieter, Jr., M.D., Glen Ellyn

Twelfth District
Counties of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, Winnebago
William E. Kobler, M.D., Rockford

**newly-elected*
***reelected*

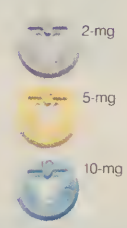


The practice is yours.
The patients are yours.
The prescriptions are yours.

Make the prescribing decision yours, too.

Check the
"May not substitute" box.

Specify VALIUM® brand of diazepam/Roche®



scored tablets

The cut out "V" design is a registered trademark of Roche Products Inc.

The one you know best.

Copyright © 1988 by Roche Products Inc.
All rights reserved.

ROCHE Roche Products
Roche Products Inc
Manatí, Puerto Rico 00701

The Illinois State Medical Society (ISMS) Board of Trustees met Thursday, April 5, in conjunction with the annual meeting of the ISMS House of Delegates. Following are highlights of the board's actions:

Actions on AMA issues

The Board approved ISMS Resolutions 21, 22 and 23 (A-90), all of which pertained to American Medical Association (AMA) issues, and were written and approved by the Executive Committee. Resolution 21, calling on the AMA Board to oversee that *Journal of American Medical Association (JAMA)* editorials reflect AMA views, was discussed with guest George D. Lundberg, M.D., *JAMA* editor and an ISMS member. Dr. Lundberg asked the board to withdraw the resolution. He argued that oversight of *JAMA* by the AMA board would unduly restrict the publication's editorial freedom. He emphasized that he viewed fostering debate on controversial issues as his job.

The board voted unanimously to support the resolution, noting that *JAMA* editorials were perceived by the profession and the public as reflections of AMA policy and views, and that some editorials by Dr. Lundberg clearly indicated he was out of touch with practicing physicians. Resolutions 22 and 23 asked AMA to document its mission annually in light of its activities, and to search for an executive vice president among the most qualified chief executive officers in the country, without regard to whether the individual is a physician.

Anniversary/rural health

In celebration of ISMS' 150th anniversary, the Committee on Planning and Priorities announced that the Illinois Senate had unanimously passed Senate Joint Resolution 128 on Wednesday, April 4, 1990 (see page 9). It congratulated ISMS and commended its members, past and present, who have dedicated themselves to the purposes of the Society.

A reception celebrating the anniversary is scheduled for June 12 at the ISMS office in Springfield.

The board approved a Subcommittee on Rural Health Initiatives request asking the Illinois State Medical Inter-Insurance Exchange, the physician owned-and-operated malpractice company, to study and consider offering malpractice insurance coverage to policyholders insured for prenatal care and deliveries who supervise and employ certified nurse midwives. The board agreed that Exchange staff should study the feasibility of such a plan and report back. It was urged that only one nurse midwife per insured physician be permitted, until the Exchange evaluates its experience.

Licensure and discipline

John Holland, M.D., Medical Licensure Board member, and Joseph Perez, M.D., Medical Disciplinary Board member, reported on the activities of their respective boards, both stressing the importance of maintaining licensure through timely renewal. They urged ISMS members to take seriously the legal requirement to notify the Illinois Department of Professional Regulation (IDPR) promptly of any change in mailing address. Physicians will not receive licensure renewal notices if IDPR does not have a current address; those who fail to renew their medical licenses in a timely fashion will be breaking Illinois law by practicing medicine without a license. ▲

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE
707 South Wood Street
Chicago, IL 60612
ACCME Accredited

May — August, 1990

- ☐ Specialty Review in Pediatric Hematology/Oncology
  May 14 - 16, 1990
- ☐ Advances in Pediatric Cardiology, 1990
  May 30 - June 1, 1990
- ☐ Advances in Colon and Rectal Surgery for the General Surgeon
  May 31 - June 1, 1990
- ☐ Flexible Fiberoptic Sigmoidoscopy
  June 2, 1990
- ☐ Fiberoptic Colonoscopy
  June 6 - 8, 1990
- ☐ Urologic Surgery Workshop: New Operative Techniques
  June 7 - 9, 1990
- ☐ Fiberoptic Esophagogastric Endoscopy
  June 11 - 13, 1990
- ☐ Practical Strategies in Primary Care, 1990
  June 25 - 29, 1990
- ☐ Specialty Review in Nuclear Medicine
  July 16 - 20, 1990
- ☐ Specialty Review in Emergency Medicine
  July 23 - 28, 1990
- ☐ Office Management of Infectious Disease
  July 25 - 27, 1990
- ☐ Specialty Review in Pediatrics
  July 29 - August 4, 1990
- ☐ Specialty Review in Internal Medicine
  August 5 - 12, 1990
- ☐ Pediatric Surgery and the General Surgeon
  August 9 - 11, 1990
- ☐ Specialty Review in Surgical Critical Care
  August 13 - 17, 1990
- ☐ Specialty Review in General Surgery, Part I
  August 20 - 31, 1990
- ☐ Gynecologic Surgical Techniques
  August 23 - 25, 1990

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____

Address _____

City _____

State _____ Zip _____

Call toll-free today!
1-800-621-4651

JAMA: editorial freedom or license?

THE ISMS House of Delegates adopted a strong resolution responding to members' dismay over recent editorials in the *Journal of the American Medical Association (JAMA)*. It called on AMA's board to establish a special committee "to review all proposed editorials, with the right of rejection, to assure that editorial content is compatible with the views and opinions of the publisher, *i.e.* AMA."



George Lundberg M.D.

The resolution sprang from member concerns voiced over a recent *JAMA* editorial charging that physicians are "impaired by greed." It was authored by George Lundberg, M.D., who as *JAMA* editor, maintains complete editorial freedom under his AMA contract. Also cited was a prior opinion column, "It's Over Debbie," which told of a resident physician unilaterally deciding to end the life of a terminal patient not directly under his care.

On April 5, Dr. Lundberg addressed ISMS board members, who were collective sponsors of the resolution, asking them to withdraw it prior to House debate. That request was denied by the board's unanimous endorsement to carry the resolution forward to the ISMS House and AMA.

Dr. Lundberg argued that editorial freedom is a crucial component of *JAMA*'s continuing credibility, and his responsibilities included predicting trends and generating controversy and debate on key issues affecting the profession.

The ISMS board and House disagreed, citing the damage done to the profession by one of its own publications. "*JAMA* is clearly identified as the AMA voice," said Harold Jensen, M.D., ISMS immediate past chairman.

ISMS members believe Dr. Lundberg has strayed, said Dr. Jensen. "'It's Over Debbie' impugned physicians and residents publicly, in the official AMA journal. Now he calls physicians 'impaired by greed.'"

"I submit, in these cases, that editorial freedom is being confused with editorial license," Dr. Jensen emphasized. "To have an AMA employee sniping at us from within is intolerable."

Illinois' delegation to the AMA will bring forward the resolution for debate at the AMA's June, 1990 policy session. ▲

Resolution 130: an Illinois challenge to AMA's status quo

LONG TERM concerns about AMA's mission and effectiveness, coupled with damaging public disclosures of financial mismanagement there prompted the ISMS board and AMA delegation to offer a strong remedy for consideration by AMA's December, 1989 policy session. Resolution 130, introduced by Illinois' delegation to the AMA, was debated and referred to the AMA board for consideration and report back to AMA House at its June, 1990 meeting.

Resolution 130 calls for the AMA board to:

- retain independent legal counsel to review and investigate current financial practices relating to investments, pension funds, and other AMA financial matters.
- employ an independent outside consultant to review AMA's administration and management structure.
- redefine the AMA mission statement to assure the best possible representation of members and the profession, and analyze diversified AMA activities and holdings to assure they meet members' needs.
- conduct an in-depth review and recommend changes in AMA's policy-making functions, including possible reorganization of the AMA House of Delegates. ▲

AMA *(continued from page 1)*

corrective change will continue. "The issue of the AMA's credibility and its recent adverse publicity, which reflects on all physicians, is not dead. To those who are angry and disenchanted, we're establishing this watchdog mechanism and keeping their concerns open into 1991."

Opponents of AMA's abortion and fetal experimentation policies, however, were not persuaded by the substitute, and unsuccessfully urged the House to deunify by allowing for conscientious objection. "We're dealing with the subject of abortion, about which a lot of us have very strong feelings on both sides of the issue," argued Donald Quinlan, M.D., a Cook County delegate. "Between now and next year, there's going to be another 1.6 million innocent babies slaughtered by members of our profession. I think we should disassociate ourselves with it. You can't delay this until 1991. There's going to be damage done in the meantime," he said.

"I don't like to have any society—like the Illinois State Medical Society—compelling me to pay dues to the AMA when it disturbs my conscience to do so," said Edward Wojcik, M.D. of Cook County.

AMA's mission and leadership

House delegates also approved a resolution calling on AMA to provide a yearly activities report, correlating them to the organization's "objectives and missions . . . while the [AMA] board continues to refine and define the mission statement."

The House also acted to pass—and send to AMA—a resolution to assure that AMA's new executive vice president have administrative and managerial expertise, be selected through a "national search," and not be limited to physician candidates.

Another resolution, calling for annual audits of AMA subsidiaries and disclosure of results to members, was referred to the ISMS board for review and a report to the House next year. ▲

ISMS and rad techs collaborating on new provisions

Radiologic regulations revision now under way

TALKS ARE UNDERWAY in the medical community to revise the Illinois Radiation Protection Act, scheduled to be repealed December 31. At issue is how the act should be rewritten to allow the Illinois Department of Nuclear Safety (DNS) to accredit nurses, technologists and other office personnel to perform limited types of diagnostic x-rays.

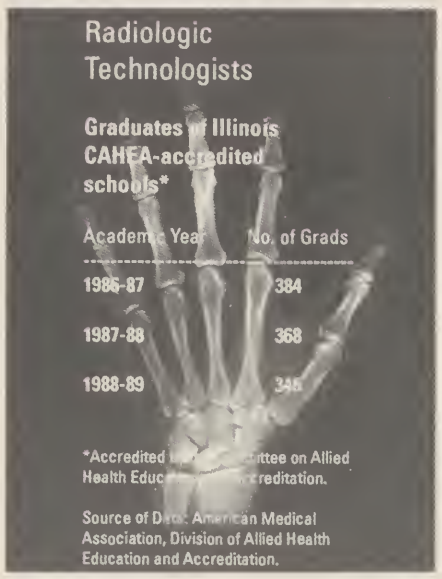
The act has a provision which requires accreditation for people who operate x-ray machines. Currently, only MDs, DOs, chiropractors, dentists; or DNS-accredited assistants of physicians, DOs and chiropractors acting under the supervision of those individuals, are allowed to administer x-rays.

The law mandating DNS accreditation never applied to dental assistants, and the Illinois Podiatric Medical Association helped pass a law last year that specifically exempted podiatrists' assistants.

"The Illinois State Medical Society (ISMS) supports patient safety and x-ray availability," said ISMS president James H. Andersen, M.D. "We believe in appropriate training for appropriate procedures; those individuals administering low-level, short-term x-rays while working under physicians' supervision require basic training to ensure safety," said Dr. Andersen, "while those working on more complex tasks need more advanced training."

ISMS is working with radiologic technologist, physician and regulatory groups to help revise the act.

DNS introduced the act's revision into the Illinois General Assembly earlier this month as a vehicle bill, with provision for specific additions to follow. The accreditation issue will be addressed in the revision later.



Physicians bemoan rad tech shortage

While radiologic technologists, physicians and regulators are discussing and negotiating the finer points of the act's revisions, Illinois physicians are making it clear that the shortage of accredited personnel in this area is putting them in a difficult position.

"Even if physicians want to employ radiologic technologists to administer x-rays on patients, they are faced with great difficulty finding certified people, especially in rural Illinois," said Dr. Andersen.

The shortage of radiologic technologists in rural Illinois is a serious problem, agreed Gary Button, M.D., a family physician in Harvard. "We can't find [radiologic] techs here," said Dr. Button. "There are none. When one of the two techs left Harvard Hospital, one person had to run that department alone for nearly eight months, on call 24 hours a day, seven days a week until they found a replacement. We were getting worried about her health."

Bonnie S. Wold, a radiologic technologist and chairman of the Radiation Technologist Accreditation Board (RTAB), said that the shortage of radiologic techs is no different from the personnel shortage existing in almost all allied health professions. "Physicians feel this pinch just like the shortage of nurses and respiratory therapists in rural Illinois," she said. "It occurs in states like Illinois that have licensure for radiologic techs as well as in states that do not have licensure, such as Wisconsin."

Dr. Button said he takes up to a dozen x-rays daily in his office. "There are a lot of industrial accidents that occur in the countryside and it's very time consuming for me to take all of those x-rays," he said. "There is absolutely nothing complicated or unsafe about doing simple wrist or shoulder x-ray procedures, as I do in my office. I see no reason why that scope of work is beyond the abilities of trained office personnel."

He added it would be less productive to send an office staff person to radiologic tech school only to administer simple wrist or hand x-rays to patients. Most Illinois rad tech programs require two years of study.

"The Illinois Radiologic Society (IRS) believes that anyone using radiation in the diagnosis or treatment of patients should have proper training," said Sam J. Mulopulos, M.D., IRS immediate past president. "That training should be determined by the appropriate institutions, societies or organizations that have knowledge of what is required in that training."

Regarding the revision of the act, Wold said, "The fact is that a person, no matter if he or she is a registered nurse or radiologic tech, needs formal training on how to operate an x-ray machine and education about radiation and how to protect the patient and him/herself."

"Quality of care is always important," agreed William A. Tortoriello, M.D., a Harvard family physician. "But there are ways that physicians can maintain that quality without drastically driving up the cost. For example, a radiologist can periodically review what we're doing and check the quality of our x-rays."

Charles Colodny, M.D., a family physician from Libertyville who is a member of the RTAB board and president of the Illinois Academy of Family Physicians, said x-ray laws should be the same across the board for physicians and their assistants, and for chiropractors and podiatrists and their assistants.

"The law," said Dr. Andersen, "if not changed, will prevent non-certified personnel from being used in physicians' offices in the future. This will increase access problems, as patients will be forced to go to hospitals for even the simplest procedures. We must ensure the solution to this problem will be beneficial to everyone."

Rad techs support limited licensure

On March 15, the RTAB board, created under the Radiation Protection Act to advise DNS on various issues, recommended to DNS that the act's revision include "limited scope of radiography that would be chest and extremity only," according to Wold. The board also recommended to DNS that if the act included limited licensure, there should be no further "grandfathering" (a provision in the act which allows "nurses, technicians and other assistants who have been employed in the field of administering radiation to human beings, for at least 24 months prior to July 1, 1989, to continue giving x-rays beyond July, 1989.

Since the original accreditation act was passed by the legislature in 1984, rad techs working in physician offices have been conditionally accredited based on their work experience prior to January 1, 1984. The grandfather clause was extended last year to include experience gained up to July 1, 1989; but the physician seeking accreditation for a non-radiologic assistant had to provide assurance that the person is qualified and that the assurance applies only to those limited procedures being performed in the physician's office. ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

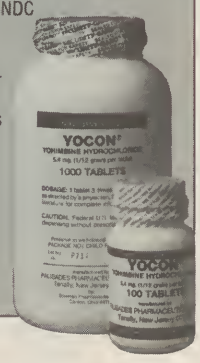
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

"Self-help" abortion groups: a troubling trend in lay "medicine"

by Janice Rosenberg

FEARING THAT abortion rights may soon be seriously affected by legislative or court decisions, women from throughout the United States are considering the medically and legally dangerous alternative of "self-help" abortion. The Federation of Feminist Health Centers (FFHC) has taken a public stand in support of this "solution." While the FFHC is not represented in Illinois, the group met at a private home in Chicago April 26 as one stop on its current national tour.

At tour stops, FFHC is holding public discussions about self-help abortion, and showing their videotape "No Going Back." The tape explains how to perform a suction abortion. "Women in Chicago are interested," said FFHC President Dido Hasper, in Chico, California, several weeks earlier, "but they have to put the money together to bring us there before we can schedule a stop."

The tour is encouraging women to form self-help groups and begin learning about their bodies as a first step toward performing self-help abortions. "It's a whole process of women becoming empowered and actively involved in their own health care," said the federation's former Associate Director Shireen Miles. She emphasized that the FFHC recommends self-help abortion only for women in committed groups, not for women on their own.

Women's "self-help" groups not new

The idea of creating self-help groups for women is not new. In the early 1970s, two California women, Carol Downer and Lorraine Rothman, traveled across the country demonstrating how (with a plastic speculum, a flashlight, and a mirror) women would examine their own cervixes. At the time, this was considered by many to be revolutionary. The two later developed a way to do menstrual extraction with a jar, plastic tubing, and a syringe, to withdraw the contents of the uterus for women who wanted to shortcut their periods.

"We don't hear much about menstrual extraction now," says Warren H. Staley, M.D., an obstetrician and member of the medical disciplinary board of the Illinois Department of Professional Regulation. The procedure took advantage of women who were worried about possible pregnancies. They were willing to have the procedure done without knowing whether they needed it. Under the 1987 Medical Practice Act of Illinois, physicians doing abortions on women who weren't pregnant became subject to disciplinary proceedings. "The law was made to prevent people from doing unnecessary procedures," says Dr. Staley.

Melvin Gerbie, M.D., professor of clinical obstetrics and gynecology at Northwestern University Medical School, says menstrual extraction was first proposed as a way of controlling a woman's menstrual life. At that time, says Dr. Gerbie, pregnancy tests were not as sensitive as they are today. If the test was negative, the menstrual extraction was technically not an abortion.

"There are several fallacies to this way of thinking," Dr. Gerbie contends. "First, the tests weren't accurate, so you could be doing an abortion. Second, you could inadvertently leave an early pregnancy in place. And third," he adds, "anytime you stick things into the uterus you run the danger of infection."

Whether called menstrual extraction or self-help abortion, both Dr. Gerbie and Dr. Staley view the procedure as dangerous and warn women against putting themselves in the hands of untrained or minimally trained individuals.

"Though we can understand that certain developments in society might stimulate such activity," says Eugene P. Johnson, M.D., Illinois State Medical Society (ISMS) immediate past president, "we as physicians concerned with public health and the public good must warn in the strongest terms against the performing of medical procedures by anyone not licensed as a medical professional." Dr. Johnson notes that, among other requirements, ISMS policies mandate that "Abortions must be performed in conformance with state and federal law and current medical standards, and when so performed shall not be considered unethical."

"The Janes"

Downer and Rothman were not the earliest pioneers of the self-help abortion movement. The July 1989 U.S. Supreme Court decision to uphold Missouri laws severely restricting access to abortion brought renewed attention to "The Janes," an elusive group active in the late 1960s and early 1970s.

According to Pauline Bart, Ph.D., professor of sociology at the University of Illinois-Chicago, in 1968 a Chicago group called "Jane," or "the women from the service," began an abortion referral service that led eventually to their practicing self-help abortion. "They found some competent abortionists whom they assumed were doctors," says Dr. Bart. "Some of the women were taught by one of the abortionists to assist." When "the women of the service" discovered that the abortionists were not licensed physicians, they began doing the abortions themselves.

Dr. Bart says perhaps as many as 12,000 abortions were performed by "The Janes." When asked about potential danger, she says, "Some of the women [doing the abortions] did learn epidemiology. They found that their complication rates were equal to that of New York when abortion became legal there." Dr. Bart feels certain that women will learn this procedure again if abortion rights are menaced. "Twenty-five signed up recently at a Chicago bookstore saying they would learn it," she notes.

Ralph Rivera, chairman of the Illinois Pro-Life Coalition, says, "Obviously from our point of view, it would be very disturbing to think that women are individually going to be doing something that all laws, even the Supreme Court, have upheld, that it must be a physician that does the abortion for the health of the mother. That's a very scary thought," he adds, "that they're going to be doing them by themselves, or with just another woman helping them. The health hazards are there, whether the other side believes we are concerned about the health hazards of women doing abortions or not, we do have that concern."

Pro-choice groups speak out against "self-help"

Though a minority of individuals with pro-choice views are taking part in activities like self-help abortion, all the major groups in the pro-choice movement have spoken out against what they view as a medically risky and tactically ill-advised misadventure.

Brian Howard, associate executive director for the Chicago Area Planned Parenthood Association (CAPPA), is most concerned that self-help abortions not proliferate.

"There shouldn't be a reason in Illinois for women to turn to such methods," says Howard. "This is clearly less safe than a procedure done by a physician in a licensed, sanitary, safe medical facility." CAPPA, which bills itself as the only not-for-profit first-trimester abortion provider in Illinois, is working to keep abortion legal.

Patricia Dougherty, executive director of the National Abortion Rights Action League of Illinois (NARAL), agrees with Howard. "Abortion is a medical service," she says. "It is a safe procedure, but the reality is that, as with any medical service, there are possible complications. It should be done in the proper place by the proper person." ▲



Joe Hindley

Partee *(continued from page 2)*
on some critical questions, perhaps the most important of which was the question of withdrawal of nutrition/hydration," said task force member Rev. Michael Place of the Archdiocese of Chicago.

Place noted that several task force members were trained ethicists, both clergy and non-clergy, who brought different ethical perspectives to the debate. "There are some who would say that nutrition/hydration is so essential to life itself, it is impossible to withdraw it without directly intending to bring about death," he said. "Others would see that, while there is a presumption that [nutrition/hydration] should be provided, there are situations in which it can either be useless or so burdensome as not to be obligatory."

At its annual meeting (see story page 8), the ISMS House of Delegates voted to push for legislation permitting the withdrawal of nutrition/hydration "without the need for judicial intervention in each case."

Civil liability not addressed

The proposed legislation follows the task force recommendation that physicians who act in good faith when participating in the decision-making process to withdraw life support be immunized from criminal prosecution. However, the task force did not achieve consensus on the issue of civil liability.

"There were some of us who thought they [physicians] should be immunized from civil liability; there were others, including myself, who did not believe that was a portion of the law that should be addressed at this time," said Corboy. He said the model legislation in the task force report offers three alternative provisions regarding civil liability, two of which would grant such relief.

Task force member James Serritella, an attorney with Mayer Brown & Platt, said the task force report tries to take us back to a "romantic period" before "the avalanche of malpractice litigation when these decisions were made by doctors and families and patients without the fear of being sued or prosecuted.

"How much comfort a doctor or provider would be afforded," Serritella continued, "really turns on which alternative the legislature would take. The task force as a whole said 'Here is a roadmap, and if you follow this roadmap, most lawyers would say you should not be subject to civil liability.'"

ISMS President James H. Andersen, M.D. praised the work of the task force, but still expressed reservations about the lack of civil immunity. "Physician immunity is provided in both the Living Will Act and the Illinois durable power of attorney law," Dr. Andersen said. "ISMS believes that in every instance where physicians are responding to the direct wishes of patients and their families, the physicians should be immune from civil liability."

Other bills regarding these issues have been introduced in the legislature, including one sponsored by State Sen. David Barkhausen (R-Lake Forest). Barkhausen's bill would permit withdrawal of nutrition/hydration, and also grant physicians immunity from civil liability, according to Mark Deaton, general counsel for the Illinois Hospital Association, which put forward the legislation. ▲

"Partners for Health" training sessions set

Six regional speaker training sessions are scheduled for "Partners for Health," the new Illinois State Medical Society campaign to strengthen communication between senior citizens and physicians. All ISMS physicians interested in speaking to senior groups as part of the "Partners" speakers' bureau are invited to attend. There is no charge for ISMS members.

Each training session will include tips for effective presentations, a geriatrician talk on the special needs of senior patients and audiences, and a panel discussion with senior citizens and physicians. Participants will receive a speaker's kit with further speaking information.

The scheduled sessions are:

Springfield:	Tuesday, May 15, 6-9 p.m. St. John's Hospital, Centennial Hall
Rockford:	Monday, May 21, 6:30-9:30 p.m. Winnebago County Medical Society Offices
Champaign:	Tuesday, June 5, 6-9 p.m. Chancellor Hotel & Conference Center
Carbondale:	A training session is planned for the Carbondale area in June. Call ISMS for exact date & location.
Belleville:	Thursday, June 14, 6-9 p.m. Fischer's Restaurant
Oak Brook:	Wednesday, August 22, 5-8:30 p.m. Oak Brook Hills Hotel

A light working dinner will be served during each training session. Registration is required. To register, call or write the public relations division of the Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602: Call (312) 782-1654 or (800) 782-4767(ISMS)

U
P
I

The 1990's brings with it a new level of protection for your medical malpractice needs.

United Physicians Insurance
Risk Retention Group

UPI is wholly owned and directed by doctors. As practicing physicians, they have seen the problems associated with medical malpractice insurance. After two years of analyzing existing operating methods employed by other insurance companies, UPI has implemented the most effective, innovative program on the market today.

BENEFITS:

- $1,000,000/$3,000,000 Claims-Made Coverage
- Reinsurance thru London
- Non-Assessable Policy
- Auditors & Actuaries/ Ernst & Young
- Prior Acts Coverage/ Liberal Tail Provisions
- Restricted Cancellation

EXCLUSIVE BENEFITS:

- M.D., J.D. National Legal Defense Network (Attorneys are M.D.'s)
- ELM - Education in Legal Medicine (ACLM approved for 15 C.M.E.'s)
- $50,000 Credential & Disciplinary Legal Expense Reimbursement Plan

Call today for our free brochure!
800-767-0909 or (312) 236-3133

UNITED PHYSICIANS INSURANCE
Risk Retention Group
1420 UNION AVE., SUITE 400 • MEMPHIS, TN 38104 • (800) 767-0909

PHYSICIANS,

DO YOU NEED HELP WITH YOUR LABORATORY ? ?

- Compliance with State and Federal Laboratory Regulations
- Procedure, Equipment Maintenance, and Safety Manuals
- Proficiency Testing Programs
- Laboratory Audits
- Laboratory Expansion
- Lab Test Coding and Reimbursement

CONTACT:

R. P. NAYYAR, Ph.D. or C. B. ROOT, Ph.D.

at

MED SOURCES

1080 Nerge Road, Elk Grove, IL 60007

PHONE (708) 351-1770



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by The Hardy Group, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601



Wm. Daniels/The Photo Partners

System design and management committee chair Richard Krieg, Ph.D announces release of the summit action plan as committee members (l-r) Dorothy Holley, Alexander R. Lerner, Kenneth C. Robbins and Edward F. Lawlor look on.

Summit

(continued from page 1)

Illinois State Medical Society (ISMS) Immediate Past Chairman Harold L. Jensen, M.D. represented ISMS on the policy steering committee, and ISMS Executive Vice President Alexander R. Lerner served on the system design and management committee. Ulrich F. Danckers, M.D. represented The Chicago Medical Society on the policy steering committee.

Dr. Krieg credited the cooperation and commitment of summit members representing a broad spectrum of interests for achieving consensus on the report. He noted that because the summit had no budget, "an unprecedented sharing of resources between government at all levels and the private sector enabled us to get the report done on time."

Differences from previous draft

The action plan differs from a draft circulated a few weeks ago in some key respects. First, at the request of Daley, who Dr. Krieg said has been briefed on the plan, the number of corridors of care (geographic divisions to facilitate community health care planning) has been increased from 13 to 14.

Second, total state cost for the plan's first-year implementation has been adjusted upward to a projected $31.3 million from $26.17 million. However, estimates of anticipated new revenue derived from federal Medicaid matching funds has also been increased to $14.3 million from $12.02 million. The plan suggests instituting driver user fees and a state beer tax to fund the state's net cost of $17 million, up from an earlier $14.15 million estimate.

Ambulatory care is main mission

Dr. Krieg said the summit's main task, "our most important mission," was to develop a system that would accommodate an additional 2 million outpatient visits for the county's medically needy. Consequently, the report is most detailed in its ambulatory care recommendations.

Reforms such as the corridors of care and establishment of preferred provider partnerships (PPPs), voluntary linkage agreements among medical and other providers, are expected to generate additional outpatient visits by 25 percent or 523,000 in year one, and by approximately 45 percent or 953,000 visits in year two. Additional gaps are to be met through service contributions by private physicians.

Significant private contribution noted

"What this summit process has underscored," said Dr. Turnock, "is the important, perhaps incredible to some people, contribution of the private sector towards meeting the needs of those who are either Medicaid eligible, or don't have any source of payment for the medical services they might need."

He said that 85 percent of Medicaid hospital care, and two-thirds of unsponsored hospital care, is provided by private hospitals. Moreover, while the plan calls for private physicians to make a 50 hour-per-year commitment to care for the medically needy, he said a significant number of private physicians already provide much more. Thus, Dr. Turnock said, these recommendations are "an effort to structure some of those private contributions that are going on by many physicians and hospitals already."

While the plan's ambulatory care section is quite detailed, Dr. Krieg said the suggested reconfiguration of a new 1,000-bed county hospital system is open to revision as conditions change. Similarly, he added, recommendations regarding system governance are less detailed because "final governance provisions for the public health care system should be forged in the crucible of the Illinois General Assembly."

The proposed model emphasizes decentralization and includes a Cook County Health Council (CCHC), buttressed by 14 corridor health boards (CHBs). Like Chicago's local school councils, the CHBs would plan health care delivery systems on the local level, including planning and controlling the financing of the PPPs. The CCHC will eventually negotiate reimbursement for all providers.

Public debate begins

Before the plan's three-year implementation can begin, Thompson, Daley and Dunne must determine whether they agree with the plan's recommendations. "Ideally, we would like to see consensus at [their] level as well," Dr. Krieg said. "Their decision can be to change it, to modify it, to accept in full, or to do something else." Enabling legislation establishing the CCHC and changes in appropriations bills, specifically for the Illinois Department of Public Aid, must also be drafted, although Dr. Krieg said vehicle bills have already been introduced.

Dr. Krieg's assertion that the recommendations "are a catalyst for debate" proved accurate. On April 19, the *Chicago Tribune* said that Dunne expressed immediate skepticism about the governance recommendations and proposed reconfiguration of the inpatient system, although he acknowledged he had not yet read the report.

Asked if he was prepared to "really sell" the plan to the county board, Cook County Hospital Director Terrence M. Hansen said he will "certainly speak on behalf of the plan." While endorsing the proposed 1,000-bed county hospital system consisting of a new replacement critical care hospital (500 beds), acquisition of shuttered Provident Hospital (300), and use of either the west side Bethany or St. Anne's hospitals (250), he acknowledged concern that annual budgetary constraints put the reliability of the University of Illinois Hospital 100-150-bed commitment in doubt.

In addition, community representatives fighting for return of Provident to private African-American community control passed out leaflets calling the plan a "health summit sham" and "tax payer boondoggle."

And County Board Commissioner John Stroger, who has expressed skepticism since the summit's first meeting in November, questioned the accuracy of the report's depiction of private sector contributions to care of the medically needy. He also defended his position favoring county acquisition of Provident Hospital. ▲

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

Hasbrouck
Cecil F. Hasbrouck, M.D., of Beverly, died August 15, 1989 at the age of 70. Dr. Hasbrouck was a 1944 graduate of Loyola University Stritch School of Medicine, Chicago.

*Jarosz
Adolf J. Jarosz, M.D., of River Forest, died August 25, 1989 at the age of 75. Dr. Jarosz was a 1940 graduate of Loyola University Stritch School of Medicine, Chicago.

*Leavitt
Samuel S. Leavitt, M.D., of Bonita Springs, Florida (formerly of Orland Park), died August 9, 1989 at the age of 79. Dr. Leavitt was a 1933 graduate of the University of Illinois College of Medicine, Chicago.

*Lyles
Thomas O. Lyles, M.D., of Belleville, died August 20, 1989 at the age of 42. Dr. Lyles was a 1975 graduate of Washington University School of Medicine, St. Louis, Missouri.

**McCorry
Catherine L. McCorry, M.D., of Arlington Heights, died August 24, 1989 at the age of 93. Dr. McCorry was a 1930 graduate of Loyola University Stritch School of Medicine, Chicago.

*McDonnell
Edward E. McDonnell, M.D., of Danville, died August 9, 1989 at the age of 73. Dr. McDonnell was a 1943 graduate of the University of Michigan Medical School, Ann Arbor.

**McFetridge
James G. McFetridge, M.D., of Dixon, died August 10, 1989 at the age of 75. Dr. McFetridge was a 1937 graduate of the University of Manitoba Faculty of Medicine, Winnipeg, Canada.

**Miller
Leo F. Miller, M.D., of Glencoe, died August 9, 1989 at the age of 83. Dr. Miller was a 1930 graduate of the University of Illinois College of Medicine, Chicago.

**Pribble
John H. Pribble, M.D., of LaGrange, died August 29, 1989 at the age of 81. Dr. Pribble was a 1934 graduate of Northwestern University Medical School, Chicago.

Do Not

Computerize Your Medical Office Until You Talk to Us!

CompuMedic
By
Data Strategies
Offers

1) Experience? We've got it! Ten Years.
2) Proven? We've done it! 1,200 Users
3) General Ledger? We include it!
4) In-Office Training? We provide it!
5) Free Updates for First Year of Operation.
6) Chosen by UCLA & UC Irvine Medical Schools after Exhaustive Reviews.
7) Very Competitive Price $5,600.00 which includes 2 days of in-office training.
8) Easy to use with on line instructions that change automatically with each key stroke.
9) ***One thing Compumedic doesn't do - Make your morning coffee!***

Contact

Allied Medical Computer Consultants, Inc.
515 N.E. Glen Oak, Suite 212
Peoria, Illinois 61603
Telephone (309) 674-5044

Name:_____
Address:_____
City:_____
State:_____ Zip:_____
Phone:_____ - _____

Please Fill in Lower Section & Return it to Us for Further Information

Rockford merger

(continued from page 2)

overlooked what we are trying to do. We care about what's best for Rockford." He stated that the merger would offer opportunities to reduce duplication of services, provide new services, strengthen research and education programs, and save money for the community.

In their appeal, Rockford and SwedishAmerican questioned several key arguments the district court had used in finding the merger would lessen competition. First, the hospitals questioned whether the antitrust laws on mergers can be applied to non-profit operations. The two laws most commonly used in antitrust litigation are section seven of the Clayton Act and section one of the Sherman Act. The Rockford suit went to trial under section seven of the Clayton Act. By upholding the district court's decision, the appeals court established that antitrust laws do apply to non-profits.

Second, the geographic market had been a point of conflict between the hospitals and the Justice Department from the beginning. The hospitals defined a geographic market covering ten counties while the Department's proposed market included only Winnebago and a small section of Ogle counties. District Court Judge Roszkowski created his own compromise geographic market including Winnebago County and small sections of several surrounding counties. In his opinion, Judge Posner wrote, "Forced to choose between two imperfect market definitions . . . we chose the less imperfect, the district judge's."

A third point of conflict concerned the product market. The hospitals tried to show that competing outpatient clinics would lessen the market power of the hospital. The appeals court ruled that inpatient services were the proper product market to be considered, because consumers have no alternative but a hospital when they need inpatient care.

"Outpatient services are where hospitals are being hit the hardest by the surgicenters and other outpatient clinics," said Thomas Campbell, counsel for the hospitals and a partner with the Chicago firm of Gardner, Carton, and Douglas. "You can get laser surgery on your eye in a shopping center storefront."

Justice Department calls decision "very important"

The Justice Department is, of course, pleased with the court's decision. "The judge's opinion indicates that the issues we took into account in evaluating the competitive effects of a merger were appropriate," said Robert Bloch, chief of the professions and intellectual property section of the Department's antitrust division in Washington, D.C. "It shows that non-profit hospitals are clearly subject to antitrust laws in that they should not be self-regulating for mergers." Overall, the appeals court concluded that the merger would reduce competition in the Rockford area and so lead to a rise in health care costs to consumers.

But Dr. Klint called the government's view "duplicitous." "The government is urging the conversion to outpatient services because it is less expensive," he said. "We have converted fifty percent of our surgery to outpatient and now the government says it can't be used for their analysis."

In his decision Judge Posner wrote, "Most people do not like to compete and will seek ways of avoiding competition by agreement, tacit or explicit, depending of course on the cost of agreeing . . . if the managers of non-profit enterprises are less likely to strain after that last penny of profit they may be less prone to engage in profit maximizing collusion but, by the same token, less prone to engage in profit maximizing competition."

Campbell does not agree. He views the reaction of St. Anthony Medical Center to the proposed merger as proving just the opposite. "St. Anthony was complaining that they did not want to see this merger go forward," he said. "A competitor does not complain if he thinks his rivals are going to merge and raise prices. He only complains if he thinks the merger will create an entity that will be tougher to compete with, and that's good for consumers."

The St. Anthony response to the appeals court ruling was noncommittal. In an April 5 statement, the hospital said, "It is difficult to comment on Wednesday's announcement regarding the proposed merger since the status of further appeals is still uncertain . . . We can only say what we have been saying since 1987 . . . that we intend to continue . . . with our future plans and programs regardless of any decisions made about the proposed merger."

Rockford MDs "hospital-oriented"

Because in most instances individual Rockford physicians practice at only one of the three hospitals, the Winnebago County Medical Society (WCMS) did not take a stand on the merger. "This is a community in which the physicians tend to be very hospital-oriented," said Ervin Hrasky, M.D., WCMS president. "There was a great deal of divided opinion. The physicians who practice at St. Anthony were very much opposed to the merger because they thought it would reduce St. Anthony to a second class small hospital."

The Justice Department had filed a similar antitrust suit against the proposed merger of two non-profit hospitals in Roanoke, Virginia—Community Hospital of Roanoke and Roanoke Memorial. In February, 1989, a District Court ruling granted the Roanoke hospitals the right to merge. The Department appealed and the Appeals Court upheld the original decision in the hospitals' favor. According to Bloch, the Department is considering an appeal to the U.S. Supreme Court.

The Rockford hospitals also have that option. Their boards will be meeting soon to determine their next step. "I know from my travels around the country that there are many hospitals looking at Rockford because this case is so important to saving health care providers in their own towns," said Dr. Klint. "We still have no clear economic policy at the end of this process. Maybe the only way it will get clarified is if the Supreme Court rules." ▲

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER



Tim Boyle

Anthony Dekker, D.O., *of Chicago (left), talks about ways physicians can be involved in AIDS education in schools at a workshop jointly sponsored by the AMA and ISMS on Saturday, March 31, in Rosemont. Listening is Steven Nuernberger, M.D., of Collinsville, and Nancy Hoffmann of Rockford, immediate past president of the ISMSA. The workshop included presentations by school and health officials and physicians involved in ISMS teen health education efforts. The workshop is part of the AMA's Youth HIV Education Project, in which Illinois is participating as one of six target states this year. For more information, contact the ISMS public relations division.*

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Family physician—well-equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating, etc. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone—(618) 285-6634.

Twenty-nine physician multispecialty clinic located in desirable east central Wisconsin location is seeking board certified or board qualified orthopedic surgeon to round out its services. Lab, x-ray, excellent hospital. Liberal guarantee and benefits. If interested contact D.F. Sweet, M.D., Fond du Lac Clinic, S. C., 80 Sheboygan Street, Fond du Lac, Wisconsin 54935.

Family practitioners, East Central Illinois. Immediate openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice (group or solo). Attractive support package including benefits. Small, friendly community of 10,000, family oriented environment. Service area of 30,000 people. Located three hours from both Chicago and St. Louis, 90 minutes from Indianapolis, Ind. Exceptional recreational, cultural, and educational opportunities. Modern, well-equipped, 49-bed, JCAH accredited facility. Contact: John M. Dillon, Administrator, Paris Community Hospital, East Court Street, Paris, IL 61944; (217) 465-4141.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Healthline Physician Services, an affiliate of St. Louis University Medical Center, is recruiting for an emergency department medical director and staff physicians at Hannibal Regional; Hannibal, Missouri. Growth oriented program in historic Missouri river town. Good compensation, benefits, paid liability. Part-time/locum tenens also available. Contact Gerry Liebmann Healthline Physician Services, 3663 Lindell Blvd., Suite 410, St. Louis, Missouri 63108; 1-800-443-3901.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparoscopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

Family practitioner-physician, preferably BC/BE to join solo family physician in southwestern Illinois. Computerized, organized, very high collection rate. P.O. Box 655, Granite City, IL 62040.

Ob/Gyn—family practice—general surgery—inter-nal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc.; 12724 N. Maplecrest Lane; Mequon, WI 53092; 1-800-243-4353.

Missouri family practice group seeks fourth phy-sician, BC or BE, for historic community with two private colleges, near major university and medical center. Beautiful area. Recreation and cultural activities. Guarantee and other benefits. Reply in confidence to Mary Murphy, Jonas Physician Search. 1-800-544-6728.

Anesthesiologist BE/BC to join established group. Opportunities include private practice, fee-for-service and supervision of CRNA's. Experience in pain management desirable. Send CV to Cynthia Alexander, M.D., 221 N.E. Glen Oak, Peoria, IL 61636.

Cardiologist—invasive/non-invasive, BC/BE, wanted June/July 1990 to join busy two-physician internal medicine practice located in northern Illinois. Excellent salary and benefits. Send vitae/resume to Box 2168, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Nationwide practice opportunities. All specialties. Fees paid by clients. Call: Wanda Parker, E.G. Todd Associates, Inc., 535 Fifth Avenue, Suite 1100, New York, NY 10017. 800/221-4762, or 800/599-6200.

Family physicians: BC/BE wanted for branch clin-ics in thriving communities. Branch physicians are part of a large multi-specialty group practice in central Illinois which provides financial, administrative, educational, and medical specialty support. Liberal fringe benefits; malpractice coverage, and salary leading to equal ownership. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, 602 West University, Urbana, IL 61801.

Chicago—seeking director, full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795, or in Michigan 1-800-632-3496.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Minnesota—lakes and trees. Family physician to join five others in progressive multi-specialty group including internal medicine and surgery. Outstanding 42 bed district hospital with 130 bed long term care facility. Excellent schools and services with easy access to metro area. Guaranteed salary, full benefits, and bonus. Position available immediately, for confidential consideration and further information, contact: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect: 612/454-7291.

The Department of Family and Community Medi-cine, University of Illinois College of Medicine, Rockford, is expanding and seeks applications for full-time clinical faculty as instructors in family practice residency or undergraduate ambulatory care teaching facilities. Responsibilities include teaching, patient care and research. ABFP board certified/eligible. Teaching and practice experience preferred with OB optional. Salary/rank commensurate with experience. Competitive salary/fringe benefits. Inquiries and CV to L.P. Johnson, M.D., 1601 Parkview Avenue, Rockford, IL 61107. For fullest consideration submit application by July 1, 1990. The University of Illinois is an equal opportunity affirmative action employer.

BC/BE radiologist wanted for locum tenens posi-tion in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Avenue, Champaign, IL 61820.

Looking for an associate to run an established primary care practice with an option to take over the practice in a few months. Call 815/786-9767.

Rheumatologist: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE rheumatologist to join a department of three BC rheumatologists. Two year guarantee plus comprehensive benefit package offered. This area, which encompasses Appleton, Neenah, and Oshkosh with a combined population of 300,000-plus, offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln Street, Neenah, WI 54956; 414/727-2702.

General internist with psychiatry interest. Marsh-field Clinic multispecialty group practice with over 300 physicians is seeking a medical director for the inpatient psychiatry unit. A BC/BE internist with psychiatry experience is preferred. The medical directorship of the psychiatry unit is half time, and the applicant may develop the other portion of practice which could include a private practice or noncontinuity of care practice such as walk-in clinic, preop evaluation or employee health clinic. Competitive salary and outstanding fringe benefits. Send CV and references to David L. Draves, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect 715/387-5376.

General internist with interest in preoperative eval-uations. Marshfield Clinic multispecialty group practice with over 300 physicians is seeking a BE/BC general interest to staff a preoperative evaluation clinic. There is no hospital practice, night or weekend call. This is a half time position, and the applicant may develop the other half of practice which could include staffing a walk-in clinic; employee health clinic or development of a private practice. Competitive salary and outstanding fringe benefits. Send references and CV to David L. Draves, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect 715/387-5376.

ENT—Effingham, Illinois. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 North Maple Street, Effingham, IL 62401; 217/347-1324.

Medical center seeking physicians to work part time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Road, Suite 204, Des Plaines, IL 60016, or call 708/390-0300 or 708/390-9300.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108, 1-800-443-3901.

Physician wanted. Pediatrician, with or without training in allergy, to join rapidly expanding solo practice near Chicago. Excellent opportunity. Reply to Box 2171, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Ob/gyn, family practitioners, internists, pediatri-cians, orthopedists and general/vascular surgeons: Immediate group/solo opportunities in Arizona (Phoenix, Tucson, and rural communities) and other western states. Numerous excellent positions also available throughout United States. All inquiries confidential. Mitchell & Associates, Inc., P.O. Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

Internist—great opportunity! Very busy, young solo internist seeking ambitious associate. Family oriented community on Lake Winnebago with a population of 40,000. No HMOs or PPOs. A unique opportunity for someone who is genuinely interested in internal medicine and in its subspecialties. An interest in critical care would be of importance. Send CV's to Michael Sergi, M.D., 14 North Main Street, Fond du Lac, WI 54935.

Wanted. Qualified MD in specialty of internal medicine or pulmonary medicine to work part-time or full-time in hospital based practice. Good remunerations. Send reply to Gupta, 1601 Midwest Club, Oak Brook, IL 60521.

Need medical oncologist in practice to associate with cancer center. Write to Box 2172, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Illinois—ENT. Take over practice of semi-retiring physician boasting excellent income, low overhead, and diversified patient base. Located in comfortable midwest community of 80K draw in west central Illinois. Easy access to larger communities of 300K and Chicago. Supported by progressive 200-plus bed facility. Excellent opportunity for professional and personal growth. Contact Mary Wynkoop, Tyler & Company, 404/641-6410.

General Surgeon—BC/BE to join multi-specialty group in southern Illinois serving population of about 20,000. Within 20 miles of Southern Illinois University Medical School, 120 miles from St. Louis, MO and 45 miles from Paducah, KY. Modern 40 bed hospital with x-ray, lab, CT scan, ultrasound and special care unit. Must be willing to do some primary care. (No OB). Guaranteed income with all practice expenses paid plus incentive. Write: E. A. Helfrich, Administrator, Union County Hospital, Anna, IL 62906; 618/833-4511 call collect.

Position notice. Faculty, internal medicine: full-time position involving predoctoral/postdoctoral education, practice and research. Applicant expected to develop expertise in scholarly activity, with special interest in outpatient education. Physician should be ABIM certified/eligible and eligible for Illinois licensure. Rank commensurate with qualifications. Position available July 1, 1990. Applications accepted until June 8, 1990. The University of Illinois is an Affirmative Action/Equal Opportunity employer. Send curriculum vitae and names of three references to Richard Luetkemeyer, M.D., Acting Chair, Department of Medicine, University of Illinois College of Medicine at Peoria, Box 1649, Peoria, IL 61656.

Situations Wanted

General practice and general surgery. Seeking po-sition solo practice in GP/GS, sponsored by a JCAH Hospital, not HMO. Illinois license, American Board eligible in surgery. Available now. Write: 10 Cottonwood, Apt. 811, Canyon, TX 79015.

Academic neurologist, EMG/neuromuscular sub-spec. interested in part time consulting. Medical groups, hospitals, insurance, industry. Provide full details in your reply. Box 2165, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internist (BC) seeks part-time position Chicago northern suburbs. Reply to Box 2169, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Locum coverage available. Board certified licensed radiation oncologist. Reply to Box 2151, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General practitioner seeking part time position for practice in north central Illinois. Reply to Box 2155, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Historic 17-room home 40 minutes from downtown Chicago. Faces country club and features 3-room master suite w/fireplace, commercial kitchen, 5-car garage, security system. For private showing, call only Rita Clark at Coldwell Banker/Santefort-Naughton: 708/957-0600 or 708/799-4719.

Used medical equipment. Two examination tables, EK-8 EKG machine, wall mounted blood pressure instrument and many small items. Call 217/932-4425.

Exceptional primary care practice. Tired of city hassle, traffic disasters; come to the quiet lakeside city of St. Joseph, MI. Office completely equipped, staffed, computerized. Near good hospital. 3000 active patients, no HMO or Medicaid. Excellent collections. $70,000, terms. Call evenings. 616/429-4422 or write: Doctor's Office, P.O. Box 157, Stevensville, MI 49127-0157.

Used medical equipment. Two examination tables; two treatment tables; EKG machine. Call 217/854-7981 after 4:00 pm.

Oak Brook. Exquisite country French home with tennis court. Five bedrooms, library, 3-½ baths, finished basement, three car garage. Hinsdale district. 312/325-4376.

Beverly. Prime medical office space available. High visibility intersection, good parking. 1700 square feet, $12/square foot. Owner will partition. Call 312/445-3942.

200 MA Westinghouse x-ray machine, fully equipped. Priced reasonably. Call 618/532-7311.

Miscellaneous

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing, insurance filing: we provide fast, accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMO's or private insurance please contact LNJ Automated Data Services, 834 E. Rand Road, Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Now available—manual on Illinois state and federal regulations affecting physician office laboratory testing. 150 pages of information with step-by-step instructions on how to comply with the law. To order your copy send $125.00 to Med-Sources, 1080 Nerge Road, Elk Grove, IL 60007. Tel. 708/351-1770.

Attention—hiring! Government jobs—your area. $17,840-$69,485. Call 602/838-8885 ext. R-17390.

Attention: Earn money reading books! $32,000/year income potential. Details. 602/838-8885 ext. BK-17390.

Attention: Earn money typing at home! $32,000/ year income potential. Details. 602/838-8885 ext. T-17390.

Attention: Easy work, excellent pay! Assemble products at home. Details. 602/838-8885 ext. W-17390.

ILLINOIS STATE
M E D I C A L
INTER-INSURANCE
E X C H A N G E

NATIONAL
LIBRARY
MAY 3 1990
OF
MEDICINE

PROVIDING

SERVICE

TO ILLINOIS PHYSICIANS

SINCE 1976, OUR *ONLY* BUSINESS HAS BEEN TO PROVIDE PROFESSIONAL LIABILITY INSURANCE SERVICES TO YOU, THE ILLINOIS PHYSICIAN, THROUGH...

UNDERWRITING: YOU WORK DIRECTLY WITH THE EXCHANGE, NOT AGENTS, TO OBTAIN THE COVERAGE YOU NEED.

RISK MANAGEMENT: OUR RISK MANAGEMENT EDUCATION AND COUNSELING SERVICES ARE DESIGNED TO MEET YOUR INDIVIDUAL NEEDS.

CLAIMS: YOUR CLAIM IS GUIDED BY A STRONG DEFENSE TEAM WHO WORKS FOR YOU AND WITH YOU EVERY STEP OF THE WAY.

PROVIDING SERVICE TO OUR 10,000 INSURED PHYSICIANS IS *OUR ONLY BUSINESS.*

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

W1 IL417L
V.2 NO.10 1990
C.01--------SEQ: SR0063601
T1: ILLINOIS MEDICINE

HMOs: the new malpractice liability . . . 5

Illinois Medicine

May 11, 1990 ILLINOIS STATE MEDICAL SOCIETY

Five of six physicians return

Hillsboro Hospital walkout settled

by Diane Oltman Ayers

A SETTLEMENT has been reached in a month-long physicians' walkout at the Hillsboro Area Hospital, but rifts between local doctors, the hospital and the community may take some time to heal.

The walkout by six of the hospital's nine physicians ended April 16, after a late-night closed meeting, during which one doctor resigned and the remaining five agreed to return to work.

Hospital spokesperson Barbara Meade declined to discuss specific terms of the agreement, but said the hospital expects to resume normal operations immediately. But "normal" relations may still be far down the road, according to resigning physician Roger McFarlin, M.D., who said he won't return because "nothing has changed."

The walkout began March 15, when the six physicians resigned their admitting privileges after the

(continued on page 14)





NATIONAL LIBRARY MAY 30 1990 OF MEDICINE

John Galer

Five of six physicians who had walked out of Hillsboro Hospital announced their return April 16. Above left: Hillsboro Hospital. Above right: Roger McFarlin, M.D., refused to return.

Physicians without addresses could miss mandatory July 31 license renewal deadline

ILLINOIS PHYSICIANS whose current addresses are not on file with the Illinois Department of Professional Regulation (IDPR) may not receive from IDPR applications to renew their physician/surgeon or controlled substances licenses, which expire July 31. IDPR has sent the applications to all active Illinois physicians.

Physicians and surgeons seeking to renew their medical licenses for 1990-93 must return those applications to IDPR with appropriate fees by July 31.

Physicians who have moved and not notified IDPR of their new address and have not received a renewal application by June 15, should submit a written request for a renewal application to IDPR. The written request must include the physician/surgeon license number, full name and current address.

According to the Illinois Medical Practice Act, IDPR must mail license renewal applications to physicians by May 31, 60 days prior to the license expiration date, to allow physicians ample time to return the application. But IDPR currently does not have confirmed updated addresses for some 6,000 physicians.

"We sent out newsletters to all Illinois physicians and found out 6,000 letters had bad addresses," said Karen Dunlap, manager of IDPR's licensure maintenance unit and technical assistance section. "Of those 6,000 returned to us, we found forwarding addresses from the post office for 2,731 letters. We sent those physicians notifications asking them to confirm their address so we could send them renewal forms. We are working with the Illinois State Medical Society to hopefully get updated addresses for the remaining physicians."

"Once physicians receive their renewal application in the mail and return it to us, we can process their application," Dunlap stressed. "We found with all renewal periods that people tend to wait until the last week to send their application in, which does not guarantee that a new license can be in their hands by August 1. It's imperative they return the form immediately upon receipt."

IDPR will mail renewal applications for physician/surgeon and controlled substances licenses in one envelope to "active" status physicians' addresses on record with IDPR. However, IDPR will mail the controlled substances licenses only to physicians' business addresses.

To request a renewal application, physicians should write the Department of Professional Regulation, licensure maintenance unit, 320 W. Washington Street, 3rd floor, Springfield, Illinois 62786. ▲

Rockford hospitals take their case to the Supreme Court

by Janice Rosenberg

ON APRIL 20, the boards of two Rockford hospitals announced they would pursue U.S. Supreme Court review of an April 3 U.S. Court of Appeals decision which upheld the blocking of their proposed merger.

The attorneys for Rockford Memorial and SwedishAmerican hospitals must file a petition of certiorari by July 3; once the petition is filed, the U.S. Department of Justice, which brought the original suit against consolidation, will have 45 days to respond.

Filing the petition does not guarantee the court will hear the case. While the nation's high court is required by law to hear certain types of cases, the Rockford case falls into a second "discretionary" category. Of these, the Supreme Court hears only a few.

"No one is deluding themselves about our chances of success with the Supreme Court," said Thomas Campbell, counsel for the hospitals and a partner in the Chicago law firm of Gardner, Carton and Douglas. "Statistics show that only two percent of the petitions for certiorari are granted, so it's clearly a long shot."

Robert Bloch, chief of the professions and intellectual property section of the antitrust division of the Justice Department, is not surprised the hospitals plan to petition the Supreme Court. In his opinion the court's decision on whether to hear the case will rest on how Campbell presents the issues. "If he presents

(continued on page 14)

In this issue

Consumer group calls for insurance rate rollback 2
Rural Health Task Force report calls for "caps" 2
On the Legislative Scene ... 3
Medical records: key to negligence defense 6
Exchange elects new officers 6
Will-Grundy Clinic receives ISMS nonphysician award .. 8
Ken Haller's special mission of care 9
Public health report 11

********** UNIQUE 3 DIGIT ZIP
0430 IM
NATIONAL LIB OF MED
TS-INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20014

Group criticizes Exchange policies

Consumer coalition attacks caps recommendations

by Kevin O'Brien

A STATEWIDE coalition of consumer groups, claiming that "caps" on non-economic damages in medical malpractice cases result in increased malpractice premiums, attacked the Rural Health Task Force's call for such a cap in Illinois.

The Chicago-based Coalition for Consumer Rights held a series of downstate press conferences April 24 in response to the April 9 release of the task force report (see story below), and to Republican gubernatorial candidate Jim Edgar's recent declaration favoring such a cap. The coalition put forward its own "report," obtained by *Illinois Medicine,* in which it said "The recommended treatment for both doctors and their patients is an immediate 20 percent rollback of medical malpractice insurance rates."

The coalition also charged the Illinois State Medical Inter-Insurance Exchange, the state's largest physician-owned malpractice insurance company, with accumulating excessively high "profits" during the years 1978-1988. The group said these "profits" should have been returned to physicians through lowered premiums.

A self-styled consumer organization, the coalition includes Illinois Public Action (IPA), as well as IPA's affiliated Illinois State Council of Senior Citizens. Besides opposing caps, these groups have authored universal health insurance and mandatory Medicare assignment plans. The Illinois Trial Lawyers Association is also a coalition member.

Coalition figures are misleading

The lynchpin in the coalition's claim that caps cause increased premiums is its reliance on what it says were results in three states in 1987, one year after caps were instituted. "In Idaho, the year after implementing a cap for non-economic damages similar to the one proposed by Edgar, medical malpractice premiums rose 49 percent," the coalition document says. "Minnesota and Missouri both saw rate increases of 22 percent and 39 percent respectively after enacting caps."

But closer scrutiny of the coalition's use of these percentage increases to prove caps cause increased malpractice premiums reveals an apparent attempt to distort the true situation in these states. The cited increases apply to only *one* insurance carrier, St. Paul Fire & Marine Insurance Co., based in St. Paul, Minnesota. *Illinois Medicine* conducted phone interviews to determine St. Paul's market share in those three states, presuming that the company's figures would prove representative.

For example, if St. Paul held a commanding share of the malpractice insurance market in Idaho, it is reasonable to expect that a 49 percent increase in St. Paul's premium statewide might translate to a 49 percent increase in the state's overall malpractice premiums. But *Illinois Medicine* interviews with St. Paul and other insurance carriers, state medical society officials, and state government officials in these states revealed that St. Paul had the smallest market share of any insurer in all three states in 1987; and the interviews found that the company's percentages in Idaho and Missouri were, and continue to be, insignificant.

"St. Paul was trying to get out of this state and was raising rates to beat the band," said Idaho Medical Association Executive Director Robert Seehusen. He said the number of practicing physicians in 1987 was about 1,200. In contrast, St. Paul said it insured only 58 in 1987, for a five percent market share.

Seehusen said Idaho physicians insured by St. Paul defected to either CNA or the Medical Insurance Exchange of California, both of which now dominate the Idaho market. "Caps had nothing to do with [St. Paul increasing premiums]; St. Paul was bailing out," he said.

Seehusen said Idaho physicians believe that Idaho's entire tort reform package, of which caps on non-economic damages were a major component, has had a positive effect on malpractice premiums. "Rates began to stabilize in 1987, and even in some specialties we saw rate reductions in 1988, 1989 and 1990." He said Idaho tort reform passed in 1987 and was supplemented by four additional bills in the session ending March 28, 1990.

Missouri has three in-state and two out-of-state physician-owned insurance carriers dominating its market. The Missouri Department of Health said there were 8,832 licensed medical doctors there, including those not actively practicing in 1987. St. Paul said it insured 520 physicians in December 1987. Thus, even allowing for the fact the market included a number of inactive physicians, St. Paul's share was only about six percent.

Minnesota figures irrelevant

Similarly, St. Paul had the smallest market share in Minnesota in 1987, although the numbers are better. The Minnesota Board of Medical Examiners said there were 8,500 to 9,000 licensed physicians actively practicing in the state in 1987, while St. Paul said it insured 2,262, or about one-quarter of the market.

But, although Minnesota had a caps statute in place since 1986, its effect was negligible, said Lee King, vice president-underwriting for the Midwest Medical Insurance Company, which dominates the Minnesota market. He said the legislature passed a law in 1986 establishing a $400,000 cap on "intangible losses," which he said applied to embarrassment, emotional distress and loss of consortium. The cap did not include pain, disability or disfigurement.

"The effect [on premiums] was no effect at all," King said. "A jury [could] still award unlimited amounts in other types of non-economic damages." Moreover, King said his company never had a claim approaching the $400,000 cap, and that the legislature repealed the provision in its last session. Consequently, there currently is no cap on non-economic damages in Minnesota.

In its report, the coalition charged the Exchange with shortchanging its

(continued on page 13)



Ron Ackerman

The Rural Health Task Force created by Lt. Gov. George Ryan urged April 9 that caps be placed on non-economic awards in medical malpractice suits.

Rural health task force calls for caps

by Mary Delach Leonard

A RECOMMENDATION by the state's Rural Health Task Force that Illinois establish a cap on non-economic damages in malpractice litigation represents an important step in solving Illinois' rural health care crisis, health care professionals and others involved agreed.

The call for caps headed the list of four chief recommendations by the task force, formed in 1988 by Lieut. Gov. George Ryan to look into the rural health care crisis. The lieutenant governor's 22-member panel included physicians, nurses, academicians, medical school personnel and representatives of rural communities.

"By the late 1980s, the condition of health care in rural areas emerged as one of the most pressing state health policy issues. This task force has put forth commendable effort to address rural health concerns," Lt. Gov. Ryan said April 9 in announcing the task force's findings.

Eugene P. Johnson, M.D., Illinois State Medical Society (ISMS) immediate past president, said the report's recommendations are a good starting point. "One of the things we know we have to do between the private and public sectors, in order to affect the shortage of obstetricians in the state," Dr. Johnson added, "is to continue and redouble our efforts to get a cap on non-economic damages."

In addition to calling for caps, the report said the Illinois Department of Public Health (IDPH) should fund at least four demonstration projects in rural communities to plan and deliver health and social services in

(continued on page 13)

Physician Facts

Doctors, Remember Your Nurses: Illinois Nurses Week is May 6-12

Gov. James R. Thompson has proclaimed the week of May 6-12, 1990 as Nurses Week in Illinois in recognition of the state's 110,000 registered nurses. Take time to extend special thanks to your nurses for their invaluable contributions.

1988 Employment Setting of Employed RNs (in percents)



	U.S.	Illinois
Hospitals	67.9	64.8
Nursing Homes	6.6	7.0
Community Health	6.8	6.0
Ambulatory Care Settings	7.7	10.4*
Nursing Education	1.8	2.4
Student Health Service	2.9	2.3
Occupational Health	1.3	1.5
Private Duty Nursing	1.2	NA
Other Self-Employed	0.8	0.5
Other	2.7	5.2

*Includes clinic, HMO, emergicenter and physicians' and dentists' offices

Source: U.S. data: National Sample Survey of Registered Nurses, March 1988, U.S. Dept. of Health and Human Services, Public Health Service. Illinois data: Illinois Dept. of Professional Regulation 1988 Biennial Survey of Illinois Registered Nurses, Feb. 10, 1989.

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

On the Legislative Scene

by Caryl Carstens



Withdrawal of nutrition and hydration . . . Three bills setting standards and conditions for private decisions about life-sustaining treatment for vegetative patients have received action in the legislature.

The first, S.B. 2213, sponsored by Sen. John D'Arco (D-Chicago), has been approved by the Senate Judiciary Committee. S.B. 2213 addresses a number of issues discussed in Cook County State's Attorney Cecil Partee's task force report, released April 12. The Illinois State Medical Society (ISMS) supports many provisions of S.B. 2213, which would allow withdrawal of nutrition and hydration under certain circumstances. ISMS is also seeking language immunizing physicians who comply with withdrawal guidelines from civil liability.

S.B. 2250, aimed at prohibiting the withdrawal of nutrition and hydration from vegetative patients, was held in committee. Introduced by Sen. President Philip Rock (D-Oak Park), the bill would provide that a personal guardian appointed by a patient does not have the power and may not be ordered by the court to authorize withdrawal or withholding of nutrition or hydration from a ward. ISMS opposes this legislation.

The House Judiciary 1 Committee approved H.B. 3402, allowing for withdrawal of nutrition and hydration when the patient is comatose or in a vegetative state. But the bill, introduced by Rep. Grace Mary Stern (D-Highland Park), would require a court order before withdrawal would be allowed.

The ISMS House of Delegates voted at its April meeting to work for legislation allowing withdrawal of hydration and nutrition from a vegetative patient without court order.

Optometrists and drugs . . . A bill allowing optometrists to treat eye diseases with diagnostic and therapeutic drugs was defeated by a 12-6 vote in the House Consumer Protection Committee, sidelining the issue for now. Since 1984, optometrists have been able only to use a limited number of drugs to diagnose eye problems. H.B. 2211 was sponsored by Rep. E. J. "Zeke" Giorgi (D-Rockford); it was opposed by ISMS and the Illinois Association of Ophthalmology.

Small-business health benefits . . . A bill permitting businesses with 150 or fewer employees to offer basic health care benefits, without many state-mandated coverages such as alcohol and drug addiction treatment, has cleared the House Insurance Committee.

"There's nothing wrong with these services," said John Davis, state director of the National Federation of Independent Business/Illinois, which is pushing the legislation, "but broad state mandates cost too much and prohibit the sale of basic, affordable insurance policies."

Called the Affordable Health Care Act, H.B. 3323 is sponsored by House Insurance Committee Chair Richard A. Mautino (D-Spring Valley) and Rep. Bernard E. Pedersen (R-Palatine). Under the proposal, "basic" coverage includes hospital inpatient and outpatient care, surgical benefits, physician services, diagnostic laboratory services, and limited mental health services.

Social worker reimbursement . . . S.B. 1510, requiring direct reimbursement for clinical social workers by insurance companies, cleared the Senate Insurance Committee and is headed for full floor debate. The bill, whose primary sponsor is Sen. Emil Jones (D-Chicago), passed the Senate last year, but failed in the House. ISMS opposes direct reimbursement to clinical social workers because physician supervision is needed to diagnose and treat mental illness.

Kevin O'Brien contributed to this report.



The Illinois State Medical Society's 150th Birthday Party

The Illinois State Medical Society is hosting a reception from 6 p.m. to 9 p.m. on Tuesday, June 12, 1990 at its new Springfield building at 600 South Second Street. This open house is in honor of the 150th Anniversary of ISMS. Members of the Illinois General Assembly are being invited. All ISMS members are welcome and may obtain tickets by calling ISMS at (312) 782-1654 or 1-800-782-ISMS.

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

MEDICARE NOTES

AMBULATORY SURGICAL CENTER RATES

Eight categories have been established for paying the facility fees of ambulatory surgical centers (ASCs). The expansion to eight categories and their new rates became effective for services rendered on or after March 12, 1990.

Two of the categories, groups 6 and 8, incorporate payment for the intraocular lens (IOL) inserted during cataract surgery (CPT-4 codes 66983 and 66984) and subsequent to cataract surgery (66985). Group 6 is for 66985 only. Group 8 is for 66983 and 66984. The rates for these groups include a $200 allowance for the IOL, as established by the Health Care Financing Administration (HCFA). HCFA is not retroactively adjusting ASC rates as was previously indicated for IOLs supplied from July 1, 1988, the March 12, 1990, establishment of the new rates.

For IOLs supplied prior to March 12, 1990, the ASC should submit the IOL invoice as before.

Surgical procedures that HCFA removed from the ASC approved list effective August 31, 1989, have been reinstated on the current approved list, effective March 12, 1990. Facility fees for those procedures are not payable for the August 31, 1989, to March 12, 1990, interim. The current ASC approved procedures list is available upon written request to:

Blue Cross and Blue Shield of Illinois
Medicare B Freedom of Information Unit
P.O. Box 992
Marion, IL 62959

A clarification has been issued on paying ASC facility fees in connection with "terminated" surgeries. A denial of facility charges is considered appropriate when an ASC submits a claim for a procedure that was terminated either for medical or nonmedical reasons before the ASC expended substantial resources. For example, the patient on intake complains of a cold or flu.

A fifty percent payment is appropriate if the surgical procedure is terminated due to the onset of medical complications that occur after the patient has been prepared for surgery but before anesthesia has been induced. For example, the patient develops an allergic reaction to a drug administered by the ASC prior to surgery. With such claims, the ASC should document that the surgery was terminated after the patient was prepared but before any anesthesia was induced.

If a medical complication arises and surgery is terminated after inducement of anesthesia, the full facility fee may be paid. In this situation, the ASC is expected to have expended the same resources that would have been used had the surgery been completed as scheduled.

(This report is a service to the physicians of Illinois)
(5-11-90)

Editorials

Rural health, economics and caps

It's clear as the summer sky over the countryside: the state needs to establish a cap on non-economic damages in medical malpractice litigation. Such a cap, Lieutenant Governor George Ryan's Rural Health Task Force has concluded, would move us forward one crucial step toward solving the state's rural health care crisis.

At first glance, this first and most important recommendation by the task force might not seem apparently relevant to rural practice. But ask any obstetrician, for example, how difficult it is to continue practicing that specialty in an atmosphere of mounting legal vulnerability and insurance risk. The exposure inherent in providing care, especially obstetrical care, to underserved areas is driving physicians away.

Ironically, there are groups claiming to work on behalf of the state's consumers who have attacked the recommendation, charging that only a massive rollback in malpractice insurance rates will serve patients' interests. Apparently, they don't see the critical connection between the costs of malpractice lawsuits and the flight of many good doctors from underserved areas. When it is not feasible for physicians to provide care, Illinois patients will be immediately affected by physician flight. The legislature should pay heed to those who have studied the rural health care crisis, and pass a cap on non-economic damage awards.

Renew your licenses on time!

Here's a deadline to ponder: if your current address isn't on file with the Illinois Department of Professional Regulation (IDPR), you must take the initiative and get a renewal application for your physician/surgeon license (and an application for your controlled substances license, if you have one of those as well), before time runs out July 31. In fact, failing to notify IDPR of your most current address is a violation of the law. If you fail to get renewed, you will be subject to discipline for practicing without a license. It also jeopardizes the continuity of your malpractice insurance. The new licenses will be valid for three more years.

Do it now, if you haven't already—get renewed. See our page one story and take action before it's too late. In this case, a stitch in time saves a whole bundle of trouble!

Let's hear it for Illinois nurses!

It's Illinois Nurses' Week May 6-12. More than just a named week, it's an opportunity for us all to acknowledge nurses' critical contribution to the patient care. So let your nurses know how very much you appreciate them—and the benefits their care provides for patients, both at the hospital and in your office. ▲

Illinois Medicine

VOLUME 2, NUMBER 10 **MAY 11, 1990**

Illinois Medicine **is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

Illinois Medicine **Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

Illinois Medicine **Staff**
Suzanne W. Nelson, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



". . . I think I saw a record number of patients today . . ."

Guest Editorial

Prepare for your own defense



by Charles A. Hornewer

Your notification of a lawsuit against you begins an unfamiliar process which, for most physicians, is filled with anxiety, frustration and anger. Many are consumed by feelings of betrayal, become defensive and fail to utilize fully a most valuable ally—the defense attorney. Your continual interaction with your attorney at each phase of litigation is necessary for an aggressive, effective defense.

The first step after being joined in a lawsuit is to collect all of your records and contact your insurer, who will retain an attorney for you. At your initial client meeting, your attorney will discuss with you the major issues of the case and what to expect of the legal process. It is vital that you provide your lawyer with as much information as you can, since written records often allow only a partial picture of your relationship with the patient. Be sure your attorney understands the medical aspects of the case; feel free to provide any helpful background literature.

The next phase, called discovery, involves written questions (interrogatories) as well as oral depositions. The written answers you prepare with your attorney are your first exposure to "legal" responses. Resist the urge to expand on questions to explain yourself. The patient will give an oral deposition, during which your attorney will ask questions designed to uncover all the facts, as well as frame the issues in the light most favorable to your defense. Attend these whenever possible to familiarize yourself with deposition protocol and the charges against you. That face-to-face encounter with the patient is important.

Your own deposition will test your mettle, as the patient's attorney will ask questions which accuse you of wrongdoing. You must remain calm, confident of the quality of care you provided, careful with your responses and patient enough to let your attorney combat any confrontations. Remember, some medical terms may have different lay meanings and must be carefully explained. Your deposition requires intensive preparation, much like board examinations. Nothing can demoralize a plaintiff's attorney more than a credible performance by a physician.

The patient's attorney will retain experts and identify their opinions. Provide your attorney with as much background as you can on the patient's experts and arrange to be present at their depositions, thereby daring them to criticize you to your face. Though your lawyer will be amply prepared to cross-examine the experts, your insight and encouragement can lead to a better result.

Trial is the final step in the process. It consumes a great deal of time, but you should try to attend the entire trial. Remember this is *your* lawsuit, not your insurance company's, and the jury is looking to see how committed you are to the process. By this point your case will be refined and you will have learned to express yourself directly and completely. Trial is your chance to vindicate yourself, under your lawyer's protective wing.

Still, the jury may or may not return a verdict in your favor; many variables influence juries, and even the best attorney and physician cannot always get a positive result. Having given your best effort, remember a jury's decision in one instance doesn't alter in any way your knowledge or commitment as a physician; the key is surviving the ordeal with your pride and values intact.

Since the time it takes to prepare a case and get it to trial varies in different jurisdictions, it is important to communicate continually with your attorney to assure an aggressive defense; this will also allow certainty as to what is involved each step of the way. When you overcome the unknown, the process will become less fearful. ▲

Charles A. Hornewer is a partner in the firm of Hinshaw, Culbertson, Moelmann, Hoban & Fuller, where he specializes in medical malpractice defense.

HMOs found liable for malpractice



by Judee Gallagher

IT IS HAPPENING quietly, but there are dramatic changes taking place in the managed care arena in Illinois and nationally. Physicians' organizations are increasingly contracting directly with employers, thereby bypassing the "middle-man" health maintenance organization (HMO). Some HMOs, understanding the real or potential threat posed by this, are in turn bypassing independent practice associations (IPAs) and only offering contracts to individual physicians, who may or may not be IPA members. HMOs understand that in some circumstances a well-organized IPA, armed with the right computer program and leadership, can do its own claims processing and utilization review, and deliver a comprehensive network of providers at a lower cost. Employers, disenchanted with HMO performance and unwilling to spend an even greater share of corporate profits on health care, are often open to change.

Certainly, this drama is enhanced by the scrutiny of the U.S. Department of Justice's antitrust enforcement division, as a current case vividly illustrates. Negotiations between a large IPA and HMO broke down over the issue of an increase in the capitation fee, so the HMO bypassed the IPA and offered contracts to the individual IPA physicians. When very few of the over 700 physicians signed on, the Justice Department decided to investigate the IPA's role in the physicians' lack of interest in the contract.

If the trend toward individual contracts continues (with the accompanying individual contract negotiation) it ultimately may be felt more in the courtroom, where dramatic changes are also taking place in malpractice defense. HMOs are more frequently being named as defendants, and rulings in several states make it clear that if a physician under contract with an HMO is found guilty of malpractice, then the physician's HMO can be held liable, too.

HMOs are legally vulnerable on several fronts. Maybe the HMO did not take the time and expense to do background checks on the physicians under contract; perhaps it denied specialized care because of the added expense. Liability could also stem from an HMO's failure to tell the subscribers about the financial incentives used to make physicians cost-conscious regarding tests, referrals and hospital utilization. In one case, the decedent's husband claimed that if he had known about the HMO's financial incentives which limited access to care, they would have never joined. In this case, the HMO shared liability with the physician because the physician, following an HMO policy, tested a patient complaining of chest pains in his office rather than referring her to a hospital. The patient later died at home of a heart attack.

Some courts may also be willing to examine the method of payment itself to see if it provides too great an incentive for the physician to withhold care. One court determined malpractice on the part of HMO based on the fact that the patient had paid the fees to the HMO, not the physician, was required to choose a physician from the HMO roster, and could not see a specialist without an HMO-approved referral.

HMOs and preferred provider organizations (PPOs) have, not surprisingly, largely responded by rewriting their contracts. Sometimes the old "indemnification" clause that appeared so often in contracts four and five years ago, which put the physician at risk for paying the litigation cost of the HMO out of his or her own pocket, has been resurrected. But just as often a new approach is being used. The contract includes the physician's promise that even if care is denied on account of the HMO's utilization review program and patient injury occurs, the physician is solely responsible to the patient. The contract clause could boil down to "no matter what the HMO does regarding denying access or payment for care, it will not affect medical treatment," or that the policies and procedures of the HMO which the physician must follow will have no effect on patient care.

HMOs know that if they are co-defendants with a physician in a malpractice case, the contract will not only be part of the evidence that can be used in cross-examining the physician, but will probably be the first document the plaintiff's attorney will rely on in trying to understand the complicated HMO-physician relationship. This places potential responsibility on the physician for the HMO's cost-containment policies. The HMO's chances of averting an unfavorable verdict are enhanced when they can show the physician agreed in advance the HMO's cost containment actions and payment denials would not affect medical care.

The push and pull of legal developments and changes in the contracts, has not stopped contract negotiation. If the HMO needs your services and you will not sign the contract unless objectionable language is removed, then the language is removed. This is true whether you are negotiating individually or whether your medical group or IPA is negotiating on your behalf. It is very important for physicians to evaluate carefully their legal and financial risks before signing. ▲

Judee Gallagher is an attorney in private practice who represents physicians in health care legal matters. She was counsel to the Illinois State Medical Society's former office of contractual services.

Illinois Trends in Contracting: What Physicians Need to Know *Before* Signing

What's new in third party payor contracts? The Illinois State Medical Society (ISMS) is sponsoring a seminar to help physicians better understand the "legalese" of HMO, PPO and IPA contracts—and the many financial and liability issues they present:

- **How you could become personally liable for your contractor's malpractice**
- **What financial risks to watch out for in "point of service" plans**
- **What's behind the financial strength or troubles of IPAs**
- **Ten questions to answer before you sign any contract**
- **What to expect in contract negotiations**

The seminar will be conducted by Judee Gallagher, J.D., a Chicago-based attorney in private practice, and former retained counsel to the ISMS office of contractual services. Ms. Gallagher is author of *Before You Sign: A Physician's Guide to Provider Contracts,* which will be distributed at the seminar.

Seminar dates: Tuesday, June 5, 1990, 7-8:30 p.m., Oak Brook Hyatt, or Tuesday, June 12, 1990, 7-8:30 p.m., Lincolnshire Marriott

Registration is open to all ISMS members and their staffs at no charge. To register or obtain further information, contact the ISMS division of health care finance, (312) 782-1654 or 1-800-782-ISMS.

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

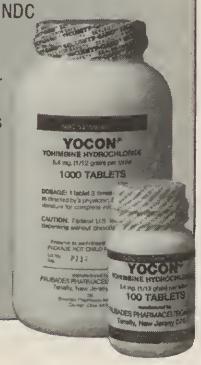
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Medical records: the key to defending negligence suits

by Mary Neil Crosby

THE FOLLOWING situation could take place in any emergency room. Dr. Doe examines Patient X, sees the patient is in poor condition and advises hospitalization. Patient X refuses to be hospitalized, goes home, suffers a stroke and is brought back to the emergency room within 24 hours of his initial visit.

Dr. Doe examines Patient X in ER and sees that he has suffered extensive neurological damage. He then amends the previous day's ER record to show the patient's hospitalization refusal despite his advice.

The chart has now been amended within 24 hours of the initial ER visit, and the information in the addendum is factually correct.

From the legal standpoint of being a potential defendant in a medical negligence suit, should Dr. Doe have amended the patient's record after a complication occurred?

The answer is "no," according to legal experts. Medical records should not be altered, especially after a complication arises, says Charlene Cremeens, a medical malpractice attorney in Belleville.

"[Altering records] makes it look as though a doctor is hiding something, and it makes a defensible case indefensible," Cremeens says.

Exchange cites poor record-keeping

The factor leading to most forced settlements of medical negligence cases in Illinois is poor record-keeping, according to figures from the Illinois State Medical Inter-Insurance Exchange, the state's largest physician-owned malpractice insurer.

Between 1976 and 1990, the Exchange handled 2,799 claims closed with payment to the plaintiff. Of that total, 611, or nearly one out of every five, were settled because of factors that made the cases legally indefensible, even though they may have been medically defensible. More than half of those were settled because of incomplete, inaccurate or altered records.

A properly documented medical record is often a doctor's best defense in a medical negligence case, say defense attorneys and doctors.

"The single most important thing is to make sure entries are legible," says Geoffrey A. Bland, M.D. of Springfield, who chairs the medical-legal council of the Illinois State Medical Society (ISMS). Illegible entries compromise the integrity of medical records, he says.

Dr. Bland recommends doctors dictate notes after each patient visit and have a typist transcribe them into the chart at the end of the day.

Because of the time lag between dictation and transcription into the record, Arlington Heights general surgeon Alfred J. Clementi, M.D. recommends dictating notes only in complicated cases and hand-writing simple follow-up progress notes.

Correcting errors

Once a suit has been filed or a physician believes a suit may be filed, he or she should not change the record, even if there is a mistake in it, says Phillip Boren, M.D. of Carmi, who chairs the Illinois State Medical Insurance Services' physicians review committee, which reviews cases for defend/settle decisions.

If a doctor finds a mistake in the record and has no reason to suspect a suit will be filed, he should correct the error soon after treatment, *not* after a complication arises, says Cremeens.

The proper way to correct the mistake is by running a single line through the error (so it can still be read), and adding a new entry at the end of the record where the next entry would be recorded. The new entry should be dated, and the reference date referred to, if different from the date recorded.

What should go in the medical record?

The following items should be included in the medical record, according to "Exchange Insights on Malpractice Prevention":

- objective, factual data;
- complete medical history;
- lab and x-ray reports;
- test results, including negative findings;
- physician's diagnosis and treatment;
- routine progress notes, which should include the date, time and physician's signature with each entry;
- patient's condition on discharge;
- instructions given to patient upon discharge;
- patient non-compliance;
- failed appointments;
- unexpected results;
- informed consent;
- operative reports;
- consultations and phone calls.

When unexpected results occur, include in the record a description of the complication, the time it was first reported to the doctor, the measures the doctor took and the outcome. A doctor should not use words implying blame for himself or others, such as "mistake," "accident," etc.

The chart should document that the informed consent discussion occurred and the patient agreed to suggested treatment, and understood complications, agreed to the procedure and signed the consent form. A copy of the signed form should be included in the patient's file. If the patient chooses not to consent, the informed refusal should be noted. Cremeens also suggests documenting any informational literature the patient is given.

Emphasize the most common and significant risks to the patient, but don't imply the list is all-inclusive. Operative reports should be accurate, detailed and completed within a day or two of the procedure, *before* the onset of complications, says medical malpractice defense attorney Murvel Pretorius of Peoria.

Notes should summarize reasons for recommending any consultation; they should also reference conversations with the consulting specialist, before and after the specialist has seen the patient. The consultant's report should be added to the patient's file and initialed to verify that the doctor reviewed the document.

Doctors must have a system for handling phone calls and for determining who has authority to offer advice and renew prescriptions. Whoever handles a phone-in prescription should make an entry in the patient's chart and include the drug, the dosage, whether refills are allowed and if so, how many.

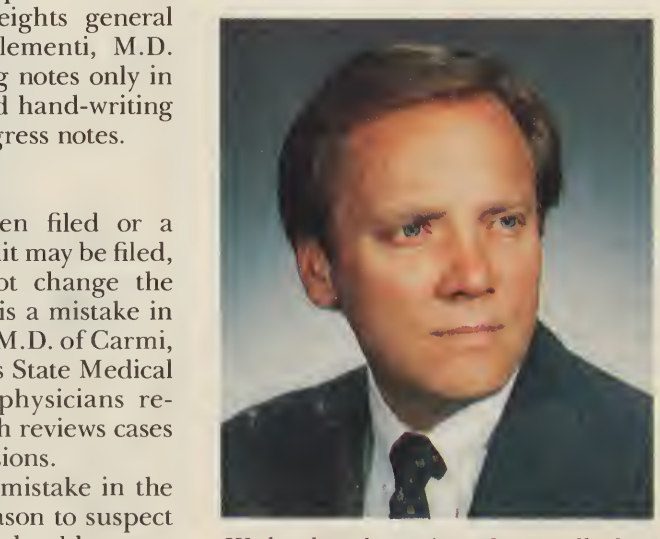
When a patient seeks advice by phone, the patient's complications or symptoms should be documented, as well as the advice given. Weekend and evening calls should be documented as carefully as office calls. Pretorius says physicians calling while away from the office should record notes of the conversations and make them a part of the chart.

What not *to include in the record*

Experts agree the following should not appear in the medical record:

- hyperbole, subjective comments or unsupported conclusions;

(continued on next page)



Weekend and evening phone calls from patients should be documented as carefully as office calls, says Murvel Pretorius, a malpractice defense attorney in Peoria.

Exchange elects new officers

FRED Z. White, M.D., a family physician from Chillicothe, was reelected chairman of the Illinois State Medical Inter-Insurance Exchange's Board of Governors on Wednesday, April 4, 1990. Harold L. Jensen, M.D., a Frankfort internist, was elected vice chairman. Peter A. Brusca, a Wheaton otolaryngologist, is a newly-elected Board member.

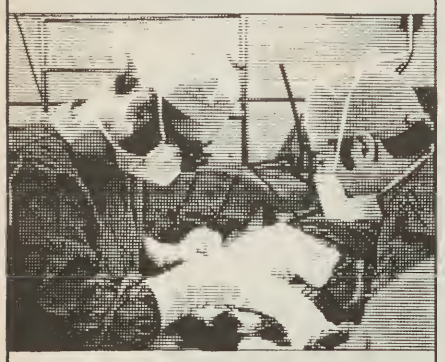
Members of the Board reelected for new three year terms were: Lawrence L. Hirsch, M.D. of Northbrook; Raymond E. Hoffmann, M.D. of Rockford; Eugene P. Johnson, M.D. of Casey; David B. Littman, M.D. of Highland Park; M. Leroy Sprang, M.D. of Evanston and Walter W. Whisler, M.D. of Chicago. ▲



Wm. Daniels/The Photo Partners

Peter A. Brusca, M.D. of Wheaton was elected to the Exchange Board.

HOW TO MAKE $20,000 IN MEDICAL SCHOOL LOANS DISAPPEAR.



If you're a physician who has completed training in any of these disciplines—Anesthesiology, Otorhinolaryngology, General Surgery, Thoracic Surgery, Orthopedic Surgery, Neurosurgery or Emergency Medicine—you could become a part of the Army Reserve, serving near home at times convenient to you, and take part in the Army Reserve's Health Professionals Loan Repayment Program that pays as much as $20,000 in medical school loans.

To find out more about the Health Professionals Loan Repayment Program and all of the other advantages of serving your country at home in the Army Reserve, call collect or write:

MAJ H. RUBIN OR
CPT C. DAWSON
(708) 541-3644 (Collect)

BE ALL YOU CAN BE.
ARMY RESERVE

(continued from page 6)

- criticisms of other health care professionals;
- conflicting orders or accounts of events;
- long discussions of alternatives, technicalities or pros and cons of procedures;
- editorial terms, such as "fetal distress" (record objective data on the patient's vital signs instead);
- alterations, or the appearance of alterations; and
- red or green ink, underlining, exclamation points.

Is it possible to document too much?

Attorneys agree it is better to err on the side of writing too much in the record than too little. However, they also concede it is possible to include too much detail. In the end, though, quality counts as much as quantity.

For instance, in cases involving the transfer of a brain-damaged baby from one hospital to another, health care professionals should exercise careful judgment in documentation. Doctors at the receiving hospital should record only objective data about the baby's activities and vital signs. They should *not* include subjective comments or a diagnosis of the baby's problems, as such entries tend to signal responsibility. For example, "birth-related hypoxia" is a subjective diagnosis unless there are facts to support it.

Attorneys recommend that physicians handling emergencies jot down whatever notes they can and carefully recreate the record as soon after the incident as possible. During emergencies, documentation generally deteriorates—when it may be needed the most. After the emergency, everyone involved should check the record's accuracy.

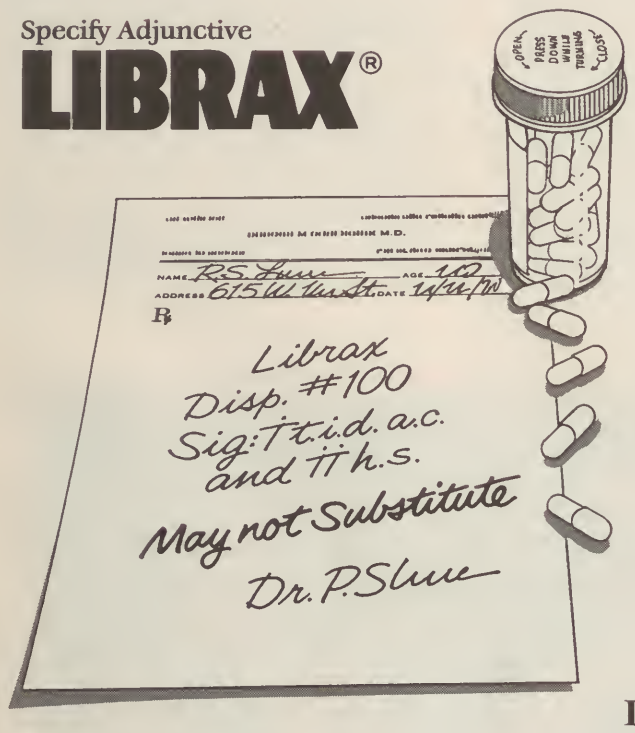


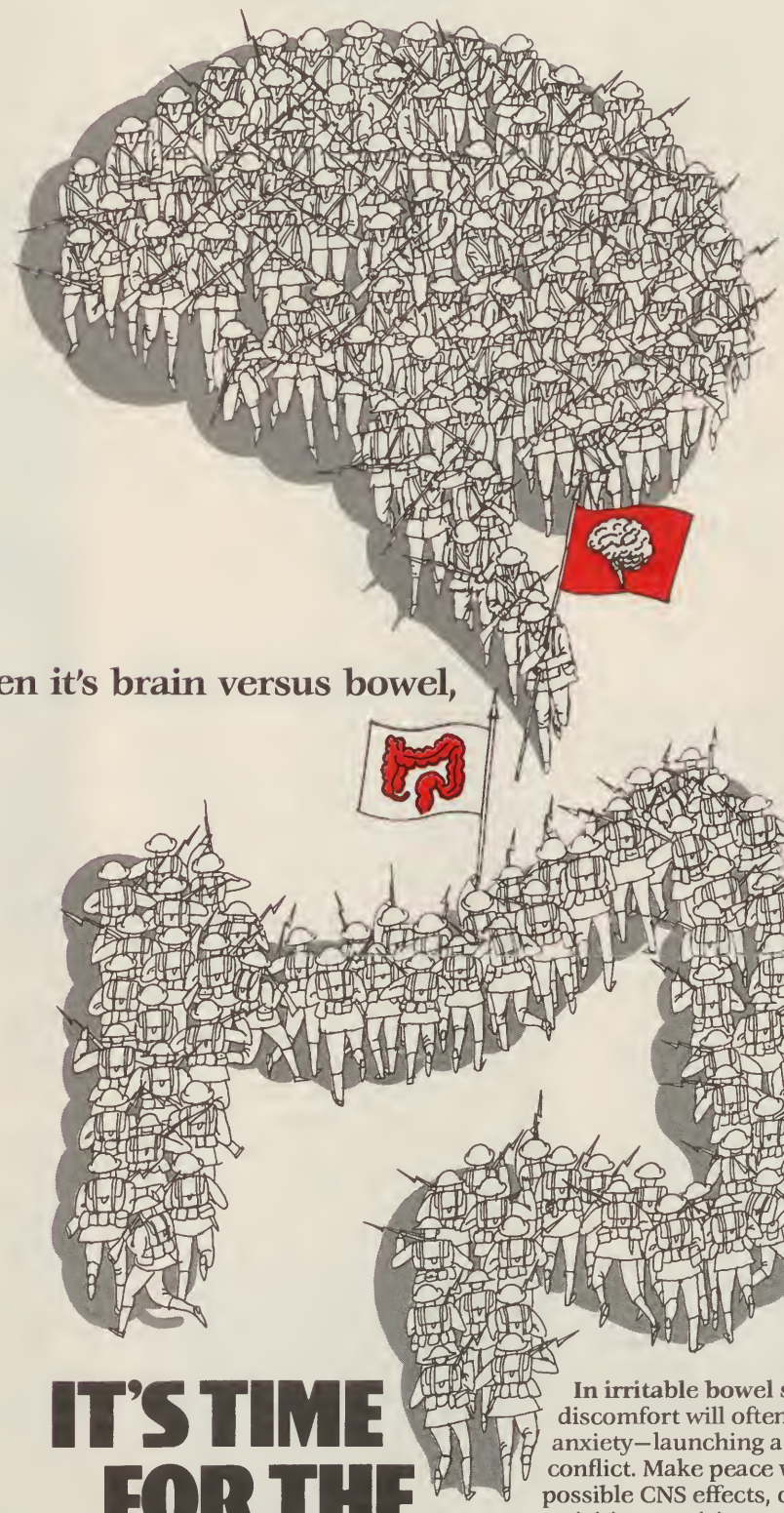
"[Altering records] makes it look as though a doctor is hiding something," says attorney Charlene Creemens.

While defense attorneys say a well-documented medical record is the key to a successful defense in a medical negligence case, doctors stress the record's most important function is to help ensure quality patient care.

"I don't think you should lose sight of that," Dr. Bland says. "[Charts] are a means of record-keeping and enabling the physician to care for the patient. That's got to be the most important consideration." ▲

Specify Adjunctive
LIBRAX®





IL
To insist on the brand, be sure to check the "May not Substitute" box on your prescription.

In IBS,* when it's brain versus bowel,

IT'S TIME FOR THE PEACEMAKER.

In irritable bowel syndrome,* intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

***Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.**

Specify Adjunctive
LIBRAX®
Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).
Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**
As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.
Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

P.I. 0288

ROCHE® Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

Copyright © 1989 by Roche Products Inc. All rights reserved.

Health care rationing may be inevitable, experts contend

TWO EXPERTS in health care finance, one of them a physician, told physicians gathered for the Illinois State Medical Society's (ISMS) House of Delegates meeting April 7 that health care cost concerns could lead to eventual rationing of services or to alternative mixed government- and privately-funded solutions.

Speaking at the educational forum sponsored by ISMS at its annual meeting, William B. Schwartz, M.D. of Tufts University and Sean Sullivan, of New Directions for Policy, Inc., a Washington, D.C.-based policy consulting group, called on physicians to recognize the coming decade as one of public insistence on cost-cutting in the face of rapidly-rising expenditures in the health care area.

"If you're looking for ways of painlessly attenuating the increase in costs, you just have to accept that there are no easy answers," said Dr. Schwartz, who added that "the times ahead are not going to get easier, they're going to get tougher" for health care professionals. "The real source for concern," he said, "is that costs have been going up by six to seven percent annually, inflation-corrected; that means over the next ten years, costs will double."



No easy choices in cost-cutting

Dr. Schwartz told his audience that earlier attempts to curb patient days worked so well in the 1980s that by 1988, no meaningful additional savings in patient days were likely. The remaining factors, he said, are much harder to control. They are demographic, resulting from the aging and growth of the population; the result of continued wage growth over inflation; and linked to the "flood of new technology. The difficult thing is," he continued, "those factors are likely to accelerate" in the 1990s.

Dr. Schwartz said he has concluded our system will drift toward eventual rationing of health care, as takes place unofficially in the Canadian and British systems through a cost-imposed scarcity of surgical procedures and high-tech equipment-related procedures. Dialysis and CT scan availability are much lower in Canada and Britain, he said, and in Britain a de facto discrimination against complex care for the elderly has become the norm.

Changing the purchaser-provider link

Sean Sullivan, whose consulting group specializes in private purchaser health care issues, told ISMS delegates that "the current mix of regulatory and market forces" in health care "simply isn't working. The basic question," he said, is how to restructure health care delivery.

"The problem," Sullivan said, "is that the incentives have been cost-generating incentives—we've been paying more for doing more." But "leading edge companies" who purchase health care privately are now "looking at effectiveness, appropriateness and efficiency" in delivery; and their efforts to control costs could lead to reform of the system, he added.

The solution, Sullivan said, may involve a number of approaches, including putting a cap on insurance coverage; giving tax incentives to small employers to provide insurance for their employees; and requiring all Americans to carry health insurance, and giving individual tax breaks to do so. That last method, he said, would provide a way of ensuring universal health care coverage, without distorting the system as much as government-sponsored universal health insurance plans.

"Of course," Sullivan added, our delivery problems are "driven by the expectations of the American people. They want the best, and they think they're willing to pay for it, until they realize what the true costs are." Only when the public accepts the fact that we can't have it all at once, including our expensive tort liability system, Sullivan said, will we achieve true cost-effectiveness in health care delivery. ▲

Clinic receives ISMS nonphysician award

The Will-Grundy Clinic looks to indigent care

by Kathleen Furore

WITH INCREASING destitution and medical indigence threatening millions of Americans, it is heartening to know that local success stories are emerging in the war on poverty. The Illinois State Medical Society (ISMS) recognized one of those success stories when it gave its 1990 nonphysician public service award to the Will-Grundy Medical Clinic during ISMS' annual House of Delegates meeting April 8.

Sister Lucille Adelmann, R.N., the clinic's executive director, and Kay Ray, president of its Board of Directors, accepted the award, the highest honor presented annually by ISMS to nonphysicians for outstanding community outreach efforts.

Earlier, Sister Lucille had commented of the clinic, "It is for [the patients] that we are. For it is in touching their wounds that we become healed, in giving them dignity that we find our own, in seeing how grateful they are that we feel great joy."

And the clinic is bringing joy to the area. Since it opened in Joliet in March 1988, the clinic has provided over 2,900 patient visits for people from virtually all age and ethnic groups, offering general medical care as well as referrals for patients in need of prenatal care, social services and immunization clinics. Thirty-seven percent of the patients are young children and adolescents; 42 percent are Caucasian, 33 percent Hispanic, 22 percent African-American and three percent Asian. Sixty-five percent of the adults are women. As Sister Lucille has said, "We've come to know that poverty and sickness spare no race."

All these patients are seen by a volunteer organization of 80 community residents and 30 to 40 physicians working on a rotating basis, with only two paid employees—Sister Lucille, and Elaine Leclerq, the organization's coordinator of nursing.

The clinic went through a complex process in order to become approved as an official agency of the United Way campaigns in both Will and Grundy counties, as it was in July 1989. Through those agencies, it received critical funding to help provide free primary, diagnostic and therapeutic care to people in the area, which includes Joliet, Plainfield, Romeoville, Lockport and Morris.

A demonstrated need

The need for the clinic—one of only five in the U.S. that is totally privately funded and is not affiliated with a medical center—was documented by an initial study of the area conducted before the clinic had opened.

"We kept hearing that access to medical care was a problem," said Stanley G. Rousonelos, M.D., president-elect of the clinic's board. "So we did a study and discovered that 14,000 people in Will and Grundy counties were at the poverty level. They made too much to qualify for public aid, didn't go to doctors because they were too proud and didn't know how to find out where to go for help.

"It just shocked me!" Dr. Rousonelos said. "I felt like we were in Appalachia, not Joliet. I had to ask 'Is this my hometown?' And it was! They [the poor] are all around you . . . and these are not people just trying to beat the system."


Ray Strappazon

The Will-Grundy Medical Clinic, which serves the medically indigent in Will and Grundy counties, has treated over 2,900 patients since March 1988. Above: Stanley G. Rousonelos, M.D., president of the clinic's board, and Sister Lucille Adelmann, R.N., the clinic's executive director.

Regarding his organization's approval of the clinic as an official agency, Michael Hennessy, executive director of the Will County United Way, said, "There definitely is a need for the Will-Grundy Clinic to provide proper medical care for persons not able to afford it."

Putting that need in human terms, Sister Lucille recounted the case of a five-year-old Hispanic child in desperate need of a tonsillectomy, as illustrative of the kinds of help the clinic can offer.

"The little boy's parents had been taking turns staying awake with him for months to monitor his breathing," Sister Lucille recalled. "Once they found us, we referred them to a doctor who performed surgery at no cost to the family. Later, the little boy came back, had gained weight and was romping around. His parents kept saying, 'Now breathe for Sister Lucille!' They were overjoyed that he was breathing normally."

"Commitment, dedication and working together"

It was this kind of care-giving that ISMS recognized in bestowing its 1990 nonphysician award on the clinic. "At a time when state and federal governments are struggling to solve this huge problem of health care access for the unemployed or the working uninsured," said Harold Jensen, M.D., ISMS immediate past chairman, in presenting the award, "we can all learn a great deal from the Will-Grundy Clinic about how much community resources can do when there is commitment, dedication and working together to solve problems. It's an example of one community's real compassion and their determination to act." ▲

ISMS 1990 physician award recipient

Ken Haller's mission of care

by Mary Delach Leonard

"IS THAT BIRD still in there?" asks pediatrician Kenneth A. Haller, Jr., M.D., as he examines the right ear of four-year-old Jennifer Stepney of East St. Louis.

Jennifer shakes her head and giggles.

But where is that chirping coming from?

Dr. Haller looks in Jennifer's left ear and mouth—no bird in there, either.

"Thank you for being such a good girl. My, how strong you are," he tells her, as he shakes her hand. "Will you come visit me again?"

Jennifer nods her head and is still smiling when Dr. Haller leaves the room.

Inside the 3120 Medical Care Center on State Street—where brightly painted elephants, birds and monkeys frolic on the walls of the examination rooms—the harsh realities of unemployment, poverty and crime that plague East St. Louis might seem a world away.

But not to Dr. Haller, this year's recipient of the Illinois State Medical Society (ISMS) physician public service award.

"If you're going to be concerned about the health of your patients, you can't let it stop at the door of your office," he says. For patients like Jennifer Stepney, Dr. Haller is more than a facilitator of medical care—he shows them someone out there really cares for them, that someone is expressing direct concern for their needs.



Maureen Houston

Dr. Haller treats patient Jennifer Stepney in the 3120 Medical Care Center in East St. Louis.

A high level of involvement

Dr. Haller's professional medical activities reflect a broad-based commitment to the health needs of the underprivileged in his area. In addition to working at the 3120 Medical Care Center, which is operated by St. Mary's Hospital, Dr. Haller is on staff at St. Mary's and at Centreville Township hospitals. He also works at the Southern Illinois Health Care Foundation Clinic near Centreville; and at an adolescent clinic housed in a trailer parked next to Rock Junior High School in East St. Louis.

Dr. Haller's community involvement is no less extensive. He serves as chairman of the St. Clair County Task Force on AIDS and as an adviser to such groups as Volunteers of America, the Parent Readiness Education Program, the Visiting Nurse Association, and Families With A Future, a state-funded program to reduce infant mortality. Dr. Haller has helped plan that program's annual community "baby shower," which provides information on prenatal and infant/child care, home safety and family planning.

"Dr. Haller has been really helpful to us. Physicians are really busy and it's hard for them to find the time to get away from their offices. He has committed himself to do that," says Debra Tobey, project coordinator for Families With A Future at the East Side Health District.

Dr. Haller also belongs to the Metro East Church-Based Community Organization (MECCO), a group that formed about a year ago as a grass-roots movement to force the city's elected officials to be accountable for their actions.

"People generally recognize that as a physician I have time constraints and I can't put in as much time as someone who has a nine-to-five job. But people really do value the fact that I am interested," says Dr. Haller. "I think that physicians have to realize that just by lending your name to something you can really make a big difference."

Dr. Haller's commitment and activities have impressed area physicians. Silvana Menendez, M.D., past president of the St. Clair County Medical Society, says, "Dr. Haller is dedicated to the care of the children of East St. Louis and he enjoys doing it. He is always fighting for the underprivileged."

Looking for an inner-city practice

Dr. Haller, who is 35, grew up on Long Island in New York and attended medical school at Creighton University in Omaha, where he met a Jesuit priest from East St. Louis.

"When I was looking for a place to practice," Dr. Haller recalls, "I said I wanted to work in an inner-city area. He said, 'If you want an inner city, there's no city more *inner* than East St. Louis.' So he introduced me to some people, and that's how I ended up here."

Dr. Haller says he realizes he can't change everything.

"My goal is to deliver quality health care to people and to make sure they realize they deserve quality health care," he says.

He tries to help patients feel better about themselves because often they are told only how bad they are.

"Physicians—whether we deserve it or not—really are role models and people pay attention to what we say," says Dr. Haller. "If I tell a kid at the end of an exam, 'Thank you for being a good boy or girl. Will you come back to visit me? I'd like to see you again.', that's something that can be a very powerful experience for them."

Frederick Cason, M.D., a surgeon who works with Dr. Haller at the State Street medical center, says, "I know that Ken has a commitment to be here. He doesn't have to be in East St. Louis, but he came here wanting to work in an area of need. He has certainly made an impact." ▲

Welcome to Illinois State Medical Society's new leaders!

Chairman, Board of Trustees

George T. Wilkins, Jr., M.D.



Duties:	Presides over the Illinois State Medical Society's (ISMS) Board of Trustees; monitors and participates in ISMS policy implementation on behalf of the board.
Hometown:	Edwardsville, Illinois.
Specialty:	Board-certified pediatrician, who holds medical staff privileges at St. Elizabeth's Medical Center in Granite City, Anderson Hospital in Maryville and St. Louis Children's Hospital in Missouri.
Training:	M.D. from University of Illinois Medical Center in Chicago; internship at Rush-Presbyterian-St. Luke's Medical Center in Chicago; residency at Milwaukee (Wisconsin) Children's Hospital.
Organized medicine activities:	Dr. Wilkins chairs Illinois' delegation to the American Medical Association. He is the elected trustee from the 6th district—representing the counties of Adams, Brown, Calhoun, Cass, Greene, Jersey, Macoupin, Madison, Morgan, Pike and Scott—on the ISMS board. He is an ISMS past president, and past chairman of IMPAC, the ISMS political action committee which assists campaigns of state and local political candidates.
Observations:	We need strong political activism by doctors if we are to meet the challenges facing medicine today and continue medicine's advances. We need to solve the professional liability crisis. We need to work hard to protect our patients against cost cutters who look at nothing more than health care's bottom line, rather than our patient's needs for quality care. That's a tall order—one I hope to advance this year.

President



James H. Andersen, M.D.

Duties:	Chief spokesman for the Illinois State Medical Society.
Hometown:	Oak Brook, Illinois.
Specialty:	A thoracic surgeon, Dr. Andersen is on the medical staffs of Westlake Community, West Suburban and Martha Washington hospitals.
Training:	M.D. from the University of Illinois College of Medicine in Chicago; internship at the University of Illinois Research and Educational Hospital; residencies at the Veteran's Administration, Rush-Presbyterian-St. Luke's and Cook County hospitals in the Chicago area.
Organized medicine activities:	Dr. Andersen is former president of the Chicago Medical Society, and its Aux Plaines Branch. He has served on the ISMS medical-legal council, and chaired the planning and priorities committee which designed ISMS' 150th anniversary celebration. He has been an ISMS trustee representing the Chicago area for several years and is currently a member of Illinois' delegation to the American Medical Association.
Observations:	We physicians also need to be leaders in improving health care delivery. Every problem that arises is an opportunity to improve care. We need to take a positive and continuous approach to improving care, rather than a punitive, negative one. This will bear dividends in the long run, both in terms of quality medical care and cost controls. Quality care is not ordering all the fancy tests in the book; it's selectively using those that have a reasonable chance of being effective. ▲



John Cary

Fred Z. White, M.D. received the Edwin S. Hamilton Teaching Award, whose proceeds he donated to the ISMS Student Loan Fund. Above: Dr. White with residents Jeff Morton, M.D. (left) and Renaldo Jacques, M.D. (right).

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

A pioneering surgeon—and incorrigible media hound

SURGEON JOHN B. Murphy, M.D.'s constant search for the limelight "did not endear him to his Chicago colleagues," according to Thomas M. Bonner *(Medicine in Chicago, 1850-1950)*. Even his biographer reports that he was known as "what newspaper men call a 'trained seal'—a prominent person who is willing to be quoted on any subject at any time."

But the brash and often argumentative Dr. Murphy undoubtedly believed he earned the right to all the attention he received. Fame first found him as a young surgeon. In the aftermath of the 1886 Haymarket Square explosion, Dr. Murphy operated on victim after victim, outlasting several assistants who succumbed to exhaustion. In 1892, he successfully united a patient's gallbladder and intestine with a circular ring known as the "Murphy Button." It was the first of his many innovations, leading the way for advances in internal surgery.



John B. Murphy, M.D. (Photo circa 1911, American Medical Association.)

Although one of his colleagues recalled that he had a "quite unpleasant" voice, Dr. Murphy was by all accounts a brilliant, mesmerizing teacher. In fact, Mercy Hospital, where he was on staff, had to enlarge its amphitheater in 1901 so it could accommodate the overflowing crowds at the eminent surgeon's lectures.

While it is said that Dr. Murphy rarely touched a problem without forever changing the way people thought about it, many of his contemporaries were less than thrilled with his penchant for self-promotion. There were frequent complaints that the attention he received gave him an unfair advantage in professional competition. The flurry of publicity from the Haymarket incident led to accusations of histrionics—and was no doubt a factor in his being denied membership in the Chicago Medical Society for years.

National notoriety came when a Milwaukee assassin attacked former President Theodore Roosevelt. Though his wound was not serious, Roosevelt was sent to Chicago for treatment. As the result of some confusion, Dr. Murphy was the only physician present when Roosevelt arrived at 5 a.m.

Critics charged that Dr. Murphy had orchestrated the snafu, and noted that despite the confusion, he had managed to send a telegram to *The New York Times* stating Roosevelt was now under his care. The controversy according to Mercy Hospital historian Joy Clough, resulted in his being hauled before the American Medical Association's (AMA) judicial committee, but charges were eventually dropped (perhaps because he was then president of the AMA).

Despite efforts to pull Dr. Murphy out of the spotlight, he continued to get attention—even after death. In 1959, *The Chicago Tribune* reported that "a California oral surgeon got the surprise of his life" when a 60-year-old woman with a jaw fracture handed him her x-ray. The break, he discovered, was not through bone, but through silver. It seems when the patient was 10, the lower half of her jaw had been removed due to a malignant growth. Her surgeon at the time, Dr. Murphy, had replaced it with a custom-made silver implant, which had been working perfectly for half a century. ▲

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

Illinois State Medical Society And Its Component Societies

Presents an

Alpine Holiday

From **$899** Per Person
double occupancy



Kitzbuhel, near Salzburg, is a cosmopolitan resort situated in the bracing climate of the Tyrolean Alps in Austria. Enjoy the elegant cafes, cozy taverns, night life and excellent cuisine. Perhaps a cable car ride, mountain hike, a round of golf...whatever is your pleasure. Kitzbuhel is for the discriminating traveler - we invite you to experience it for yourself.

September 9 - 17, 1990
From Chicago, Illinois

TOUR FEATURES:

- Round trip transatlantic air transportation to Munich via American Trans Air's L-1011 jet, featuring "wide body" comfort. Dinner and a snack served en route.
- Seven nights' accommodations in Kitzbuhel at First Class Tyrolean style hotels.
- Transfers and luggage handling.
- Many fascinating optional tours including a two day/one night **Vienna** or two day/one night **Venice** excursion.
- Continental breakfast daily.
- Completely escorted.
- And much, much more.

OPEN TO MEMBERS, THEIR FAMILIES AND FRIENDS

FOR ADDITIONAL INFORMATION CALL OR WRITE:

TRANSGLOBAL
"A World of Experience"

TRANSGLOBAL
8200 Normandale Boulevard, Suite 504
Minneapolis, Minnesota 55437
TOLL FREE: 1-800-328-6264

OR

SIGN UP SOON! SPACE IS LIMITED!

Meeting and Travel Services
Illinois State Medical Society
Twenty North Michigan Avenue
Suite 700
Chicago, Illinois 60602
(312) 782-1654
(800) 782-ISMS

PUBLIC HEALTH REPORT

by Judy Alsofrom

Syphilis on the rise again

A surge in two infectious diseases, syphilis and measles, and an upswing in a third—penicillin-related gonorrhea—has state public health officials concerned.

Syphilis cases of shorter than one year's duration are sweeping Chicago and overflowing to nearby suburbs and counties, reports the Illinois Department of Public Health (IDPH). Populations hardest hit are heterosexuals and those individuals who favor crack and other forms of cocaine as drugs of choice, leading public health officials to speculate that multiple sexual partners and drug use are co-contributors to the disease's spread.

The increase in syphilis cases and other sexually transmitted diseases (STDs) mirrors a nationwide trend.

While the total number of syphilis cases reported so far this year is small, the increase compared to increases over the past few years has been dramatic.

In the first quarter of 1990, there was an 89 percent increase in syphilis cases in the state, exclusive of Chicago, compared to the same time period last year. The case numbers went from 19 to 36.

In Chicago, January and February 1990 case reports are up 121 percent compared to the same time period last year.

Broken down, the increase was 22 percent for the state exclusive of Chicago, and an increase of 77 percent for Chicago itself.

An IDPH spokesman said the increase in syphilis and other STDs, particularly gonorrhea and chlamydia, will probably continue to spread beyond the city of Chicago into its suburbs.

Measles shots mandated

While efforts to curb STDs are proving problematic because of relationship between drug use and sexual activity, public officials are more positive about efforts to curb measles and prevent a repeat of last spring's epidemic.

Following a March 30 meeting with the federal Centers for Disease Control's advisory committee on immunization practices, IDPH promulgated emergency rules for measles vaccinations in counties that had five or more cases in preschool populations in each of the last five years.

The emergency rules—which take effect after July and cover the whole state—adopt a two-dose schedule for two age cohorts.

The rules will require the now-routine infant vaccination for measles, mumps, and rubella followed by vaccination for all children entering fifth grade in 1990, and all those entering private and public colleges in the state.

IDPH is already working with local health departments and schools to gear up for immunization this spring of fourth graders and college-bound high school seniors.

In addition, physicians will soon receive notice that IDPH is recommending the initial dose for infants be given at 12 months instead of 15 months. This comes out of a meeting with local public health officials in the five counties hardest hit by last year's outbreak: Cook, DuPage, Kane, Lake, and Will.

Gonorrhea in upswing

Penicillin-resistant gonorrhea is also on the rise. There was a 14 percent increase for the state in 1989 from 1988, with 42,744 cases reported statewide.

FROM THE ILLINOIS NEWS DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

DECEMBER 1989

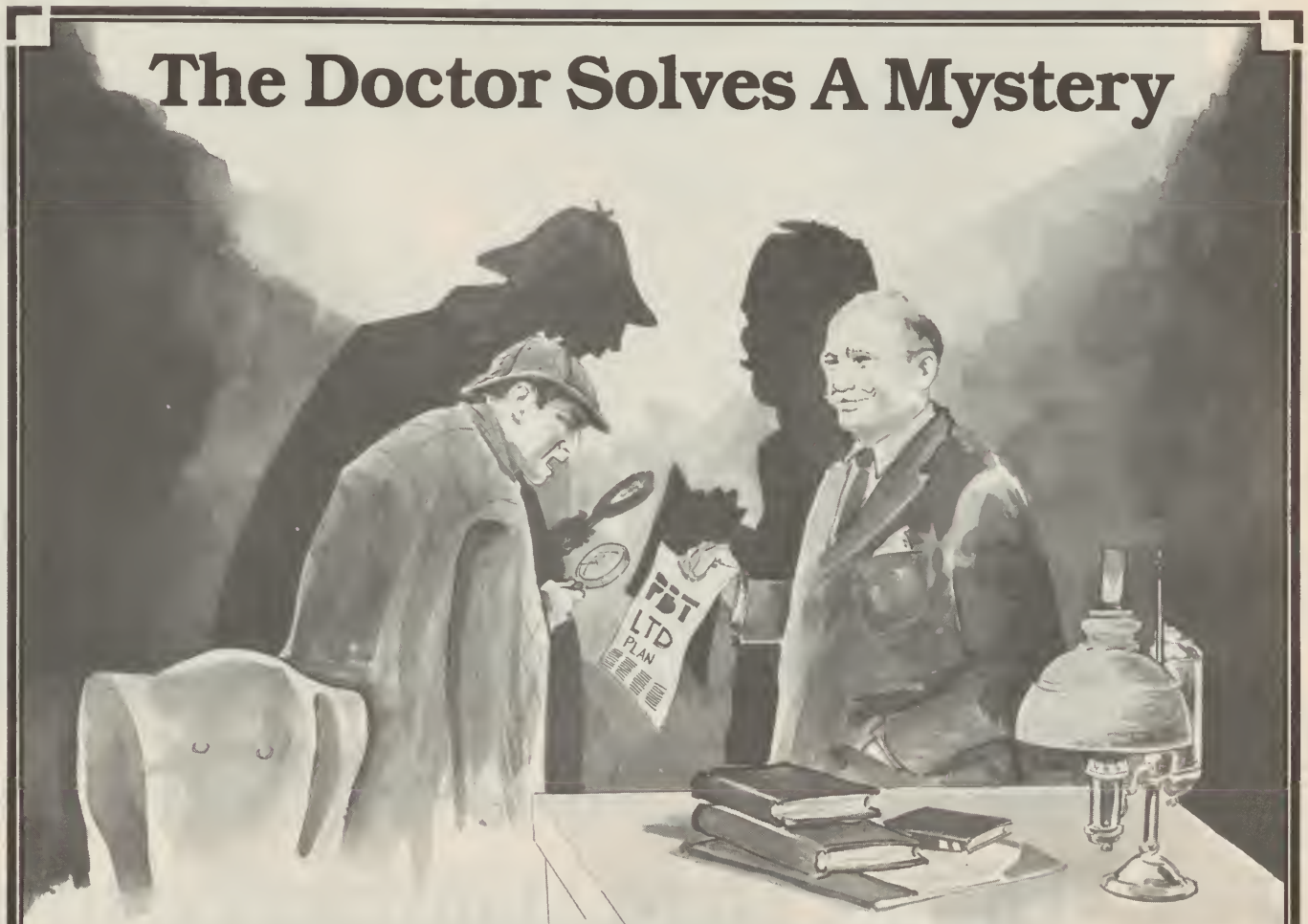
The physician and surgeon license of Manuel M. Corrales, 155 N. Harbor Dr., Chicago, was reprimanded and fined one thousand dollars ($1,000) after information came to the Department that on or about July 31, 1987, he failed to renew his license to practice as a physician and surgeon in the State of Illinois. Furthermore, he practiced on a nonrenewed license until February 2, 1988, when the Department received his payment.

JANUARY 1990

The physician and surgeon license of Michael Brand, 656 Wentworth Avenue, Calumet City, was placed on two (2) years' probation and fined one thousand five hundred dollars ($1,500), and he shall refrain from issuing or selling any sample medication from his office and shall voluntarily surrender his controlled substance license after he sold sample prescription medication to a patient. In addition, records reveal that he failed to renew his controlled substance license since 1982 and issued controlled substance prescriptions during that time.

The physician and surgeon license of In Won Kim, 26 Liberty Drive, South Barrington, was reprimanded and fined four thousand dollars ($4,000) after he inadvertently failed to renew his Illinois controlled substance license from July 1, 1982 to June 22, 1988.

The Doctor Solves A Mystery



"Homes, here's a Long Term Disability plan that pays up to $10,000 per month, and it defines disability to meet the real needs of physicians," Doctor Batson declared.

"Egad, it must cost a fortune," Homes responded diligently.

"About half of what others charge for the same protection," replied Doctor Batson.

"But how's that possible, Batson?" Homes implored.

"Elementary, my dear Homes. It's what I expect from my medical society. After all, it's just what the doctors ordered!"

There's no mystery to obtaining great benefits protection at low cost group rates. Simply call or write the PBT.

(800) 621-0748
(312) 559-9130

☐ Please send information about the **PBT Long Term Disability Plan.**
☐ Send information about the other PBT plans I have checked.

☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____
Practice Name: _____
Street: _____
City/State/Zip: _____
Telephone: _____
ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.
(Formerly The Hardy Group, Inc.)

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Rural task force

(continued from page 2)

those communities, and promote the federal Rural Health Clinic Act by giving technical help to medical providers to meet federal certification requirements. The report also recommended scholarship programs be expanded to include health professionals other than medical students.

But Rep. Karen Hasara (R-Springfield), who co-chairs a new rural health focus group in the Illinois General Assembly, said that although she supports tort reform, she doubts it will happen this session.

"I don't see it this year," she said. "I think it's been three years since we've even had a bill make it to the floor."

She said a bill for the scholarship program has been approved, but funding has not been resolved.

Dr. Johnson said the shortage of paramedical personnel, especially nurses, needs to be addressed, but questioned whether the state has the money to fund a major scholarship program, though he said he hoped the legislature would find sufficient revenues for the purpose. He suggested helping existing community scholarship programs and considering tax relief incentives.

A need for grass-roots emphasis seen

Regarding promotion of the federal Rural Health Clinic Act. Dr. Johnson said he would rather see an emphasis on involving communities in solving their own health care problems.

"We've had federal efforts to do this for a long time and I think we found out that when you do something from the top it's not nearly as good as if the community itself does it from below and asks for the help that is needed," he said.

The need for a grass-roots emphasis was echoed by task force member Nola Gramm, assistant director of the Illinois Farm Bureau's local government affairs division.

"The Illinois Farm Bureau thinks that for any plans in rural areas to be successful, they are going to have to be bottoms-up or grass roots," she said.

The Farm Bureau is conducting its own demonstration project in Wabash, Edwards and Wayne counties. ISMS is participating in that project, through its subcommittee on rural health, chaired by George Mitchell, M.D., of Marshall.

James Welch, M.D., of Cuba (Fulton County), said one of the task force's accomplishments has been raising the attention of the public and the legislature to rural health needs.

"People of good will in the urban areas don't realize we don't have paramedics or proper ambulance service. We don't have insurance, we don't have doctors, we don't have nurses. They don't realize the extent of the problem," he said. "One of our biggest jobs is to educate people."

Al Grant, director of the Center for Rural Health at IDPH, said the task force recommendations will improve access to primary health care in the state—if they are implemented.

"I think the task force did a good job and I think it's very timely that we have this document," he said. "It's been referred to the governor's office and the General Assembly. Now let's see what they do with it." ▲

Consumer coalition

(continued from page 2)

insured physicians by not returning in the form of lower premiums substantial "profits" received during a 10-year period. The coalition said the Exchange received $959,079,751 in premiums from 1978-1988, while it paid out $360,019,188 in claims during the same period. Investment income, according to the coalition, during those 10 years was $330,874,333. In 1987, the Exchange declared a profit of $128 million, incurring a federal tax liability of $33 million, the group claimed.

"We're a physician-owned and -operated company," responded Exchange Chairman Fred Z. White, M.D. "Our mission is expressly set out to help Illinois doctors get needed insurance at the lowest possible cost. It's ludicrous that anyone could conclude we're making huge profits at our own expense."

Dr. White said the coalition's figures do not take into account "the reserves we are required by the state and by good conscience to set aside to pay claims yet in the offing." These monies cover projected losses from claims already filed, and those that have occurred but are not yet reported. He said that figure is about $584 million.

The coalition also ignored the cost of defending claims, which was $133 million during the 10-year period cited, and $27.4 million in 1989, Dr. White said. "So, when you put all that together, their logic doesn't add up." He added that a 20 percent rollback in premiums is not feasible because premiums follow experience. "The prudent thing to do is charge enough money to pay all your foreseeable expenses, and then if your projections were overly cautious, give a dividend to the insured."

In fact, the Exchange announced in April that policyholders insured with the Exchange in the 1986-1987 year, who were also active policyholders on March 31, 1990, will receive a dividend. About 7,900 policyholders will receive a total of $6 million in dividends. Each qualifying policyholder will get an average 5.4 percent of the premium paid (less any surcharge) in 1986-1987.

Dr. White praised the Rural Health Care Task Force's recommendation for legislation instituting caps on non-economic damages. "The Exchange believes caps on non-economic damages will strengthen the significant tort reform passed in 1985 and we are committed to pursuing them in the future," he said. ▲

The Enterprise Group, Inc.

"FUNDING FOR YOUR FUTURE"

M.D./D.D.S. CREDIT LINE

★ Signature-only collateral
★ Borrow up to $125,000
★ Low Fixed Interest Rate (Currently 12% Annual)
★ Terms up to 5 Years - Renewable
★ No Prepayment Penalties
★ Funds can be used for ANY Purpose
★ 48 Hour Approval
★ No Income Verification
★ Personal and Corporate Accounts Available

CALL OR WRITE FOR DETAILS!

312-581-8508

Please send me information on the M.D./D.D.S Credit Line Program.

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____ Office Phone: _____

Mail To: The Enterprise Group, Inc. P.O. Box 528335 Chicago, IL 60652

Rockford

(continued from page 1)

the case as a dispute over how the lower courts interpreted the facts, that won't do it," he said. "The Supreme Court normally doesn't take cases that it sees as simply disputes over factual issues. It takes cases that present significant issues with wide-ranging public or legal implications."

Should antitrust laws govern non-profits?

Campbell said he will argue that the Supreme Court must, among other issues, look at the fact that while the appellate court had looked at the Rockford suit in the context of section seven of the Sherman Antitrust Act, a recent Virginia decision looked at a hospital merger case there in the same context and approved it. Thus, the Supreme Court could approach the broad constitutional issue of whether the federal antitrust statutes should apply broadly to non-profit organizations such as hospitals. The appellate court in the Rockford case stated it found no evidence "that non-profit suppliers of goods and services are more likely to compete vigorously than profit-making suppliers."

"There's clearly a conflict between the two opinions as to the application of antitrust laws," said Michael Jacobs, associate director of the Health Law Institute at DePaul University in Chicago. "One says black and the other says white. They'll have to be resolved by a higher authority, that is the Supreme Court," he said, adding that the high court's "choices are very idiosyncratic" when it comes to selecting cases for review. ▲

Hillsboro

(continued from page 1)

hospital board refused to grant several demands—including the appointment of doctors to the board, the audit of some hospital programs, and the dismissal of chief hospital administrator Brian McDermott.

The physicians claimed they were repeatedly excluded by McDermott from key hospital decisions, including the construction of a new one-half million-dollar outpatient clinic. Their initial demands also called for the resignations of several board members who, the doctors charged, were unqualified and unresponsive to their concerns.

The highly-publicized break had begun to polarize the small community, and brought new patient admissions to a virtual standstill, local sources reported. The hospital was forced to contract for emergency services from St. Louis University staff physicians when repeated negotiations produced no results.

During that period, board member Leland Storm resigned in protest, and board member Vaughn Rintz also resigned due to ill health, Meade said.

On April 17, the hospital announced that five physicians—family practitioners Robert Mulch, M.D. and Douglas Byers, M.D.; internist Barbara Mulch, M.D.; general surgeon Walter Williams, M.D.; and obstetrician-gynecologist Joseph Dickstein, M.D.—had agreed to return to the hospital.

Meade said a compromise agreement promised two board seats would be reserved for physicians; she said no decision has been made on whether the doctors will fill the two current vacancies, or if two additional seats will be created.

While the board would not release details of the settlement, Meade said it "addressed several of [the physicians'] concerns." As for McDermott, "he's still the functioning administrator of the hospital—that's all I can say," Meade responded. Both McDermott and board president Robert Rikli declined to comment on the terms of the settlement.

But one physician refused to return to Hillsboro Hospital. "Nothing has changed, and nothing is going to change," Dr. McFarlin told *Illinois Medicine*, explaining his dissent from the rest. "I have to stand for my convictions, and that's why I didn't go back with the rest of them."

"They have a verbal agreement that some of the board members won't vote to rehire [McDermott] when his contract expires," Dr. McFarlin explained. "But that was not a majority, and who's to say? I don't trust them. I didn't get any satisfaction, so I told them to take a leap," he added. As the hospital's leading admitter of new patients, he will now take all of his practice to a nearby hospital in Litchfield, he said.

But the agreement was seen as a step forward by the other physicians, Dr. Robert Mulch said. While it may take a few weeks to clear up "by-laws changes," he said he expects to see doctors on the hospital board by June.

As for the other demands, Dr. Mulch said the group willingly dropped their call for more board resignations, and was promised a chance for input in board reviews of future planning projects. "They'll be doing an audit of all programs, including the construction, by October anyway," he explained.

Dr. Mulch declined to confirm whether any agreement was reached on McDermott's retention. But he was optimistic about future working relations with the board. "I have a belief that the board members understand our position very well, and I'm satisfied with these solutions," he said.

While he respects Dr. McFarlin's stand, Dr. Mulch said he and the others felt the walkout had served its purpose. "The resolution we came to is the only one we could reach in the existing situation," he explained. "I totally support Dr. McFarlin in what he's doing, but we are simply not in his position."

Meade said the walkout did have an economic impact on the hospital—in fewer admissions and lost business in x-ray, lab tests, and other services. Hiring outside staff to cover emergency duties was expensive as well. "We're glad they're coming back, and looking forward to getting back to normal."

The hospital's new outpatient clinic is still expected to open within the next couple of weeks, Meade said; while there are no cost figures available, she said the walkout will have little future impact.

Regarding Dr. McFarlin, Meade said the hospital board has not yet accepted his resignation of admitting privileges. But she said she could not comment on the future of that status, or predict the impact of Dr. McFarlin's withdrawal on future admission totals. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Road, Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago–Seeking director, full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with anuual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Road, Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Cardiologist—invasive/non-invasive, BC/BE, wanted June/July 1990 to join busy two-physician internal medicine practice located in northern Illinois. Excellent salary and benefits. Send vitae/resume to Box 2168, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family practitioner needed for several openings in: Florida, Texas and northern California. Practice quality medicine on quality people—where the patients' needs come first. Reach new heights. Call USAF Health Professions, collect 815/424-2035 station to station. Please send CV to Col. William E. Patterson, HQ USAFRS/RSH, Randolph AFB, TX 78150.

Family practitioners, east central Illinois. Immediate openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice (group or solo). Attractive support package including benefits. Small, friendly community of 10,000, family oriented environment. Service area of 30,000 people. Located three hours from both Chicago and St. Louis, 90 minutes from Indianapolis, IN. Exceptional recreational, cultural, and educational opportunities. Modern, well-equipped, 49-bed, JCAH accredited facility. Contact: John M. Dillon, Administrator, Paris Community Hospital, East Court Street, Paris, IL 61944; (217) 465-4141.

Family physicians: BC/BE wanted for branch clinics in thriving communities. Branch physicians are part of a large multi-specialty group practice in central Illinois which provides financial, administrative, educational, and medical specialty support. Liberal fringe benefits; malpractice coverage, and salary leading to equal ownership. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, 602 West University, Urbana, IL 61801.

Medical center seeking physicians to work part time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Road, Suite 204, Des Plaines, IL 60016, or call 708/390-0300 or 708/390-9300.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Avenue, Champaign, IL 61820.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparascopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

BC IM/FP for full-time attending in department of geriatric medicine and chronic diseases of a 1,000 bed multi-level long term care facility in suburb of Chicago. Must be eligible for faculty appointment University of Chicago, experienced in teaching/supervising residents. Opportunities clinical research, continuing education outside of institution; possibility of becoming eligible certifying examination in geriatrics. Duty 8:00 am-4:00 pm, Monday-Friday. Contact Dr. Cynthia T. Henderson, Oak Forest Hospital, Oak Forest, IL 60452; 708/687-7200.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Chicago, IL—Emsco Management Services currently staffs eight emergency departments and four ambulatory care facilities within the metropolitan Chicago area. If you would like to become a member of a group committed to excellence, please call or send your CV for immediate consideration to: Diane Temple, 907 N. Elm St., Suite 301, Hinsdale, IL 60521, 708/654-0050.

General internal medicine (experienced or new grad.) with or without sub-specialty, in Rockford, IL, population of about 250,000. Available mid-summer 1990. Outstanding opportunity to take over an established general practice. Located with small single specialty group in new office building adjacent to 400-bed regional referral center. Overhead paid and very generous salary/benefit package guaranteed for two or more years. Relocation expense paid. Minimal HMO. Low or no interest loans available. Send CV to: Lynn Clayton, The Furst Group, 5217 Wayzata Blvd., Suite 125, Minneapolis, MN 55416; or call 1-800-728-6032.

Family practice. Busy, growing practice needs BC/BE family physician to join well established practice. Prestigious western suburban hospital nearby. Excellent community in west Chicago suburbs. Exceptional salary and benefits. Partnership available upon agreement. Contact: Sherie Everhart, 708/766-6300.

Wanted. Qualified MD in specialty of internal medicine or pulmonary medicine to work part-time or full-time in hospital based practice. Good remunerations. Send reply to Gupta, 1601 Midwest Club, Oak Brook, IL 60521.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108, 1-800-443-3901.

Pediatrician: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE pediatrician to join department of 17 BC/BE pediatricians. Two year guarantee plus comprehensive benefit package offered. The community offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln Street, Neenah, WI 54956; 414/727-2702.

Missouri family practice group seeks fourth physician, BC or BE, for historic community with two private colleges, near major university and medical center. Beautiful area. Recreation and cultural activities. Guarantee and other benefits. Reply in confidence to Mary Murphy, Jonas Physician Search. 1-800-544-6728.

Need medical oncologist in practice to associate with cancer center. Write to Box 2172, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Rheumatologist: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE rheumatologist to join a department of three BC rheumatologists. Two year guarantee plus comprehensive benefit package offered. This area, which encompasses Appleton, Neenah, and Oshkosh with a combined population of 300,000-plus, offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln Street, Neenah, WI 54956; 414/727-2702.

Minnesota—lakes and trees. Family physician to join five others in progressive multi-specialty group including internal medicine and surgery. Outstanding 42 bed district hospital with 130 bed long term care facility. Excellent schools and services with easy access to metro area. Guaranteed salary, full benefits, and bonus. Position available immediately, for confidential consideration and further information, contact: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect: 612/454-7291.

Large hospital based neonatology group practice has openings for full and part-time board eligible and/or board certified neonatologists and pediatricians. Practice currently serves 12 community and two tertiary metropolitan Chicago hospitals. Excellent salary and benefits program includes malpractice insurance. For more information contact John Hylton, Director of Operations, Neonatal & Pediatric Services, S.C., 2115 Butterfield Road, Oak Brook, IL 60521; 708/916-8900.

Internist—great opportunity! Very busy, young solo internist seeking ambitious associate. Family oriented community on Lake Winnebago with a population of 40,000. No HMOs or PPOs. A unique opportunity for someone who is genuinely interested in internal medicine and in its subspecialties. An interest in critical care would be of importance. Send CVs to Michael Sergi, M.D., 14 North Main Street, Fond du Lac, WI 54935.

ENT—Effingham, Illinois. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 North Maple Street, Effingham, IL 62401; 217/347-1324.

OB/gyn—family practice—general surgery—internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc., 12724 N. Maplecrest Lane, Mequon, WI 53092, 1-800-243-4353.

Physician, MD/DO: family practice. Established family health care practice of three years in western suburb of Chicago associated with hospital offers full-time position, competitive salary, plus availability of four-bedroom house in Hinsdale for board certified/eligible physician. Candidate should have excellent interpersonal skills and ability to build upon a quality family practice. Send curriculum vitae in confidence to: Robert R. Briney, M.D., Medical Director, Suburban Hospital, 55th and County Line Road, Hinsdale, IL 60521; telephone 708/323-5800, ext. 2176. Affiliated with Rush/MacNeal Hospitals. An equal opportunity employer.

Physican wanted. Pediatrician, with or without training in allergy, to join rapidly expanding solo practice near Chicago. Excellent oportunity. Reply to Box 2171, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General Surgeon—BC/BE to join multi-specialty group in southern Illinois serving population of about 20,000. Within 20 miles of Southern Illinois University Medical School, 120 miles from St. Louis, Missouri and 45 miles from Paducah, Kentucky. Modern 40 bed hospital with x-ray, lab, CT scan, ultrasound and special care unit. Must be willing to do some primary care. (No OB). Guaranteed income with all practice expenses paid plus incentive. Write: E. A. Helfrich, Administrator, Union County Hospital, Anna, IL 62906; 618/833-4511 call collect.

The Department of Family and Community Medicine, University of Illinois College of Medicine, Rockford, is expanding and seeks applications for full-time clinical faculty as instructors in family practice residency or undergraduate ambulatory care teaching facilities. Responsibilities include teaching, patient care and research. ABFP board certified/eligible. Teaching and practice experience preferred with OB optional. Salary/rank commensurate with experience. Competitive salary/fringe benefits. Inquiries and CV to L.P. Johnson, M.D., 1601 Parkview Avenue, Rockford, IL 61107. For fullest consideration submit application by July 1, 1990. The University of Illinois is an equal opportunity affirmative action employer.

Family physician—well equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five-room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone 618/285-6634.

If you are interested in a lucrative orthopaedic practice in a community with a well managed, up-to-date hospital, a qualified and supportive medical staff, and a competitive start up compensation package, please call Lonnie Belden collect at 719/637-4322 or write to E.G. Todd Associates, 1670 North Newport Road, Suite 300D, Colorado Springs, CO 80916.

Lucrative practice opportunity for internist who enjoys rural lifestyle. Excellent hospital, peer association and quality of life. Competitive start up compensation package including an income guarantee, malpractice, relocation reimbursement and more! Please call Lonnie Belden collect at 719/637-4322 or write to E.G. Todd Associates, 1670 North Newport Road, Suite 300D, Colorado Springs, CO 80916.

Internist—third internist to join very busy progressive 20 man multi-specialty group in historic midwest community. Fully equipped 120-bed hospital with plans for new facility, excellent school system, many recreational and civic activities. Competitive starting salary and benefits package with productivity bonus and partnership potential. Call Cheryl Broderick, E.G. Todd Associates, 1-800-762-9213 or collect 508/688-9063.

OB/gyn—fourth OB/gyn to join very busy 20 man multi-specialty group in a historic midwestern town. Birthing rooms and 24 hour anesthesia availability. Fully equipped 120-bed hospital, many recreational and civic activities. Competitive starting salary and benefits package with productivity bonus and partnership potential. Call Cheryl Broderick, E.G. Todd Associates, 1-800-762-9213, collect 508/688-9063.

Family physician. Fifth FP sought to join progressive 20 man multi-specialty group in historic midwest community. Fully equipped 20-bed hospital with plans for new facility, excellent school system, many recreational and civic activities. Competitive starting salary and benefits package with productivity bonus and partnership potential. Full range of sub-specialists available. Call Cheryl Broderick, E.G. Todd Associates, 1-800-762-9213 or collect 508/688-9063.

Family physician needed for lovely northeast Indiana town. Large coverage group, low malpractice; OB optional. Excellent income guarantee and benefits combined with bucolic lifestyle and modern progressive hospital make this a unique opportunity. For more information contact Cheryl Broderick: 1-800-221-4762 or collect 212/599-6200.

Orthopedic surgeon—second orthopedic surgeon sought to join very busy 20 man multi-specialty group in midwest community. Interest in back surgery a plus. Fully equipped professionally staffed PT department at 120-bed hospital; excellent school system, many recreational and civic activities. Competitive starting salary and benefits package with productivity bonus and partnership potential. Call Cheryl Broderick, E.G. Todd Associates, 1-800-762-9213 or collect 508/688-9063.

Lucrative practice opportunity for radiologist who enjoys rural lifestyle. Excellent hospital, peer association and quality of life. Competitive start up compensation package including an income guarantee, malpractice, relocation reimbursement and more! Please call Lonnie Belden collect at 719/637-4322 or write to E.G. Todd Associates, 1670 North Newport Road, Suite 300D, Colorado Springs, CO 80916.

General surgeon needed for growing northeast Indiana town 40 miles from Fort Wayne. Join existing practice or enjoy coverage arrangement only. Excellent income and benefits package, office subsidy, low malpractice. Small town living with big city advantages. Contact Cheryl Broderick at 1-800-221-4762 or collect at 508/688-9063.

Nationwide practice opportunities. All specialties. Fees paid by clients. Call: Wanda Parker, E.G. Todd Associates, Inc., 535 Fifth Avenue, Suite 1100, New York, NY 10017. 800/221-4762, or 800/599-6200.

Internist, BC/BE, Rockford, IL. Solo practice, three man call, stable, active practice, transition with retiring physician. Medical center assistance. Call collect, Joanne Zenisek, 815/226-0220.

Situations Wanted

General practice and general surgery. Seeking position solo practice in GP/GS, sponsored by a JCAH Hospital, not HMO. Illinois license, American Board eligible in surgery. Available now. Write: 10 Cottonwood, Apt. 811, Canyon, TX 79015.

Internist (BC) seeks part-time position Chicago northern suburbs. Reply to Box 2169, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family-practitioner seeking part-time positions. Reply to Box 2048, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Primary care solo practice. One hour from Chicago. Completely equipped, staffed and computerized. Established since 1981. Excellent patient base. No HMOs. Hospital nearby. Call 815/786-9767.

Picker x-ray machine with fluoroscopy unit and developing equipment. Call 618/337-4222 or 618/332-2311.

Dental office—beautiful office in prestigious modern building. Excellent busy location. Three exam rooms, lab, private office, washrooms and parking. Waukegan, IL; 708/244-8340.

Primary care practice, fully equipped office: two examining rooms, lab, and x-ray. College town—10,000 students. Near modern certified hospital. Nice location, industry, and agricultural area. Good established practice. Call 217/345-5030 or 7017.

Used medical equipment. Two examination tables; two treatment tables; EKG machine. Call 217/854-7981 after 4:00 pm.

Golf course—Wisconsin Dells, WI area. $375,000. Adjoining 600 acres available. Jeanine Lehman, PO Box 26796, Austin, TX 78755; 512/452-3911.

Oak Brook. Exquisite country French home with tennis court. Five bedrooms, library, 3 1/2 baths, finished basement, three car garage. Hinsdale district. 708/325-4376.

Used medical equipment. Two examination tables, EK-8 EKG machine, wall mounted blood pressure instrument and many small items. Call 217/932-4425.

Exceptional primary care practice. Tired of city hassle, traffic disaster; come to the quiet lakeside city of St. Joseph, MI. Office completely equipped, staffed, computerized. Near good hospital. 3000 active patients, no HMO or Medicaid. Excellent collections. $70,000, terms. Call evenings. 616/429-4422 or write: Doctor's Office, P.O. Box 157, Stevensville, MI 49127-0157.

Chicago—Beverly. Prime medical office space available. High visibility intersection, good parking. 1700 square feet, $12/square foot. Owner will partition. Call 312/445-3942.

200 MA Westinghouse x-ray machine, fully equipped. Priced reasonably. Call 618/532-7311.

Miscellaneous

Attention—hiring! Government jobs—your area. $17,840-$69,485. Call 602/838-8885 ext. R-17390.

Attention: Earn money reading books! $32,000/year income potential. Details. 602/838-8885 ext BK-17390.

Attention: Earn money typing at home! 32,000/year income potential. Details. 602/838-8885 ext. T-17390.

Attention: Easy work, excellent pay! Assemble products at home. Details. 602/838-8885 ext. W-17390.

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public-Aid, HMO's or private insurance please contact LNJ Automated Data Services, 834 E. Rand Road, Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Now available—manual on Illinois state and federal regulations affecting physician office laboratory testing. 150 pages of information with step-by-step instructions on how to comply with the law. To order your copy send $125.00 to Med-Sources, 1080 Nerge Road, Elk Grove, IL 60007. Tel. 708/351-1770.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.



RUN A SPECIAL PRACTICE.

Today's Air Force has special opportunities for qualified physicians and physician specialists. To pursue medical excellence without the overhead of a private practice, talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay each year that are part of a medical career with the Air Force. Discover how special an Air Force practice can be. Call

USAF HEALTH PROFESSIONS
815-424-2035
COLLECT

AIR FORCE

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

NEWLY PRACTICING PHYSICIAN DISCOUNT

REDUCES YOUR PROFESSIONAL LIABILITY COSTS AS YOU ESTABLISH PRACTICE.

IF YOU ARE A PHYSICIAN ENTERING PRACTICE FOR THE FIRST TIME, OR ENTERING A NEW PRACTICE SPECIALTY UPON COMPLETION OF MEDICAL TRAINING, YOU WILL BE ENTITLED TO A REDUCED PREMIUM FOR THE FIRST TWENTY-ONE MONTHS OF PRACTICE.

The Exchange is physician owned and operated, supported by a staff of insurance professionals. We provide superior advocacy service. We are committed to the Illinois physician.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians **since 1976.**

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

#1 IL4171
V.2 NO.11 1990
C.P1--------SEQ: SP0063601
TI: ILLINOIS MEDICINE

Downstate chiropractors seek outpatient privileges . . . 8

Illinois Medicine

May 25, 1990 ILLINOIS STATE MEDICAL SOCIETY

CDC and Chicago health department collaborate on measles immunization

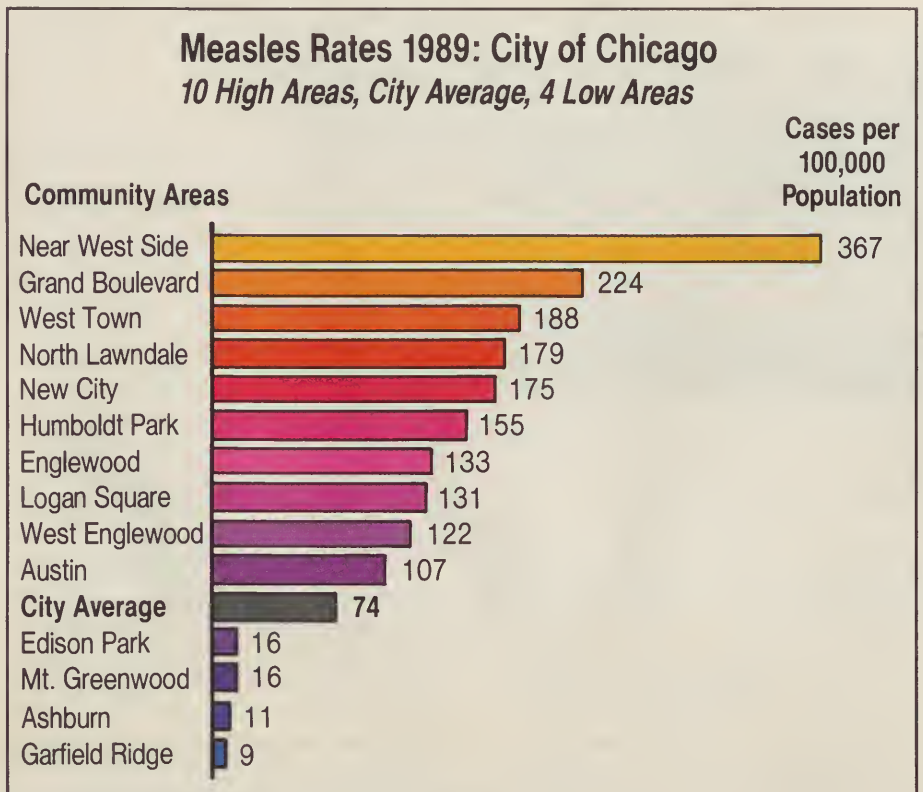
IN AN EFFORT to improve Chicago's measles immunization program, the federal Centers for Disease Control (CDC) in Atlanta plan next month to present to the Chicago Board of Health the results of CDC's recent assessment of the city's program.

Richard M. Krieg, Ph.D., the Chicago Department of Health's (CDOH) acting health commissioner, who has seen a draft of the study's findings, called the recommendations "excellent and sensitive." Dr. Krieg said the CDOH board will take immediate action in seeking state and federal funding of the proposals, which will not be made public until after the presentation to the board.

Free Vaccines Now Available—See Page 13

"The overall recommendations," according to Jim Mize, program consultant for CDC's division of immunization, "focus on how Chicago can improve its program performance within its existing structure and how we might expand outreach and other educational efforts to improve immunization levels."

Dr. Krieg said he could comment only on the "vertical immunization program," a two-year demonstration project he called the most important of the eight CDC recommendations.



The program would allow Chicago preschool-aged children, not registered as CDOH patients, to receive expedited immunization and comprehensive health services through "immunization-only clinics" in low-income housing projects.

"The project would also measure the impact of dedicated staff in prime measles morbidity communities, with nurses and clerks working under the supervision of CDOH's immunization program director," Dr. Krieg added.

Mize said the measles eradication

(continued on page 13)

Driver's license bill passes Illinois House

by Kevin O'Brien

THE ILLINOIS House on May 15 passed 109-0 a measure to more strictly monitor drivers whose medical conditions jeopardize their ability to drive a motor vehicle.

Rep. Alfred G. Ronan (D-Chicago), Rep. Jack L. Kubik (R-North Riverside) and Rep. Robert Bugielski (D-Chicago), co-sponsors of H.B. 3903, were responding to a May 5 incident in which a driver, who has since told police he "blacked out," plowed through a Riverside park, killing three children and injuring six children and three adults.

"We can't prevent the tragedy that's already occurred," said Ronan in a May 15 Springfield press conference called to announce the bill's introduction. "But we can learn from it to prevent others. The state needs to act decisively to assure only medically competent drivers are granted the privilege of a license."

Ronan backed off his original proposal to require physicians to report patients whose medical condition might impair their ability to drive safely. Instead, H.B. 3903, which overwhelmingly passed just hours after it was introduced, would transfer

(continued on page 13)

Concerns raised by Chicago members

Illinois' PRO reconfigures its board

by Karen Sandrick

A RECENT change in the structure and bylaws of Illinois' peer review organization (PRO) has raised serious concerns among Chicago physicians, and led to disagreements over physician representation on the PRO board and physician input in PRO decision making.

The dispute erupted after the Crescent Counties Foundation For Medical Care (CCFMC), which has been the state's PRO since 1984, redesignated its board of directors at the beginning of this year.

According to new bylaws submitted for action by CCFMC's board in January, 16 representatives of the four crescent counties—DuPage, Kane, Lake, and McHenry—would remain on the PRO board. However, other representatives would no longer sit on the board. These include three individuals nominated

(continued on page 11)



Terry Vitacco Wm. Daniels/The Photo Partners

Changes to the bylaws of Illinois' peer review organization led to debate. Left: Joseph L. Daw, M.D., CCFMC president; and Arvind Goyal, M.D., CMS president-elect.

In this issue

Provident Hospital files for certificate of need 2
On the Legislative Scene ... 3
Case in Point 6
Federal court dismisses naprapaths' suit 7
Great moments in Illinois medicine 9
Physician groups contract with employers 12
Infant blood typing 13

NATIONAL LIBRARY OF MEDICINE
TSD - SERIALS
8600 ROCKVILLE PIKE
BETHESDA MD 20894
0514 IM
********** 3 DIGIT SCF 208

ISMS pushes MD civil immunity in life-sustaining withdrawal bill

by Kevin O'Brien

An amendment granting physicians immunity from civil liability for participating in decisions to withhold life-sustaining treatment is being pressed by the Illinois State Medical Society (ISMS) in the Illinois Senate. But as *Illinois Medicine* was going to press, its prospects were uncertain.

"It is extremely important that immunity from civil liability be made part of this necessary legislation," said ISMS President James H. Andersen, M.D. "We are optimistic that the Illinois General Assembly will see the wisdom of such an amendment."

The measure amends State Sen. John D'Arco Jr's (D-Chicago) bill, S.B. 2213, which is designed to codify circumstances under which patients with and without decision-making capacity may elect to terminate life-sustaining measures.

D'Arco's bill would implement many of the recommendations of Cook County State's Attorney Cecil Partee's task force report on the foregoing of life-sustaining treatment, including the withholding of nutrition and hydration in certain circumstances. The ISMS House of Delegates voted in April to push for legislation permitting the withdrawal of nutrition/hydration in such cases.

The task force report, released in April, affirms the right of patients with decision-making capacity to elect to terminate life-sustaining measures. For patients lacking decision-making capacity, it recommends a process whereby a hierarchy of family and medical surrogates would make the decision on the patients' behalf. It also recommends that hos-

(continued on page 14)



State Sen. John D'Arco Jr. (D-Chicago) is sponsoring the withdrawal of life-sustaining treatment bill.

County files certificate of need for Provident

by Kevin O'Brien

GOV. JAMES R. Thompson and Cook County Board President George Dunne on May 15 informed U.S. Housing and Urban Development (HUD) Secretary Jack Kemp of a plan to reopen Provident Medical Center as a division of Cook County Hospital. In February, HUD announced it would transfer the facility, closed since November 1987, to the state for the token payment of $1. The state will transfer title to the county sometime in the future.

"Crucial steps still need to be taken," Thompson said in a written statement. "The plan for Provident must receive state and Cook County Board approval, substantial repair and renovation efforts must be undertaken, new equipment purchased, and staff must be hired. If all goes well, Provident can reopen for business and treating patients by January 1992."

In a letter to Kemp, Thompson and Dunne wrote that Cook County Hospital (CCH) took the first official step toward acquiring Provident on May 11 when it filed a three-part certificate of need (CON) application. The plan calls for a reopened Provident to have 275 operating beds, and to provide comprehensive emergency room services, level I trauma care, family practice acute care services, and intensive care.

State law mandates a 60-day public examination period before the state Hospital Facilities Planning Board (HFPB) can issue a CON. The May 11 filing, therefore, could conceivably permit issuance of a CON for Provident at the HFPB's July 12 meeting.



Wm. Daniels/The Photo Partners

Cook County Hospital filed a certificate of need May 11 to acquire the shuttered Provident Hospital (above).

Reopening Provident is considered a key step in the creation of a decentralized county hospital system that was recommended by the recently-concluded Chicago and Cook County health care summit. The 1000-bed system would also include a smaller replacement county hospital and use of either Bethany Hospital or St. Anne's Hospital on the city's west side, or both.

The county currently projects Provident's first-year operating expenses to be $102 million against a projected $40 million in revenues, leaving a deficit of $62 million. In addition, the county is projecting an additional $14 million for renovations and $4 million for equipment upgrades. A HUD spokesman said the federal government is currently paying $110,000 per month for the hospital's security and basic maintenance.

At a May 10 meeting of the nine-member Provident Hospital transition board, CCH director Terrence Hansen said he will request that the HFPB hold public hearings in June so the county's plan for acquiring the facility can be fully examined.

The transition board has met four times since it was jointly appointed in February by Gov. James Thompson and Cook County Board President George Dunne. Despite published reports it would do so, the transition board at its May 10 meeting declined to approve a draft report which was to be forwarded to Kemp by the May 16 deadline. Board member Timothy O'Brien said he preferred "to take a sharp look at the CON application," before signing off on a report whose recommendations may or may not be valid several months from now. "I would rather not issue a report if it isn't a valuable report," O'Brien said.

Community input an issue

"We're not providing much enlightenment," said board member Warren Bacon, agreeing with O'Brien that the draft report be set aside. He said that even though the county board will have ultimate responsibility, the most significant part of the report is a recommendation for a community advisory board that would act as a governing board of the hospital. Appropriate community input into the operation of Provident is one of the principal issues the transition board has been wrestling with.

Bacon expressed concern about the interaction between a Provident community advisory board, the county board, and the proposed community health board (CHB) that would be established for health care planning purposes if summit recommendations are implemented.

"I want to make sure the [Provident] community advisory board is not diluted," said Bacon, fearing establishment of the summit's CHB could do just that. He said creating an advisory board that has governing functions is difficult, but worth the attempt. "This could be a prototype for other hospitals that might come into the [public] hospital system, including Bethany or St. Anne's."

Plan still opposed

However, the acquisition plan is still bitterly opposed by the New Provident Hospital Association, a group of African-American physicians and community leaders who have been waging an uphill battle to acquire the hospital as a black-owned and -operated facility. Spokesman Joseph Collins said the plan reinforces the stereotype that blacks are incapable of managing large institutions.

"We don't want the onus on our community that we can't operate large-scale institutions," Collins told the transition board. He complained that the association was given short shrift by the summit, and has been thwarted in its previous attempts to raise the funds necessary to acquire the facility, including the lack of action on a several-month-old county board proposal for a $30 million bond issue. "Why can't the African-American community have access to public financing?" he asked. "We can't conceive of you doing the same thing to the Jewish community if Mt. Sinai were in a similar situation."

Gov. Thompson's chief of staff Jeffrey Miller, who in the absence of a transition board chairman has been chairing the meetings, responded that the summit process was an open one, with ample opportunity for input by the community. He conceded, however, that the association had a "legitimate" issue when it questioned who should govern the hospital.

Summit process stalled

Meanwhile, as of mid-May, the summit process seemed to be going no-

(continued on page 14)

Physician Facts

ISMS foreign medical school graduate members*

	TOTAL	FMG
Total Illinois physicians	27,377	8,532
ISMS members	16,633	5,212
County officers, ISMS delegates & alternates	589	163
ISMS council & committee members	202	38
ISMS officers & trustees	31	4

*excludes student members

Source: Illinois State Medical Society as of April 12, 1990



Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

On the Legislative Scene

by Caryl Carstens



James Rea (D-Christopher) and H.B. 3571, sponsored by Rep. David Phelps (D-Eldorado).

A variety of issues remained on the Illinois General Assembly agenda, but many others had already fallen by the wayside, as the spring session moved toward the halfway point.

The House and Senate were scheduled to conclude action on all bills originating in their chambers by May 18.

Among issues that are sidelined for this session are abortion regulation, authorization of uses of certain therapeutic and diagnostic drugs by optometrists and universal health care patterned on the Canadian system. Bills dealing with those subjects either were never approved for consideration this spring or failed to be sent to the floor by committees assigned to consider them.

Trauma system funding . . . Bills aimed at providing funds for the Cook County trauma system have been tabled or held in committee. These included proposals to use part of the funds derived from unclaimed lottery prizes to support trauma centers. H.B. 3053 remained in the House Revenue Committee, while the Senate version, S.B. 1533, was tabled.

Another approach to funding a trauma center program would have increased liquor taxes and deposited half of the revenue into a public health trust fund. That bill stayed in the House Revenue Committee.

However, funding legislation still can be passed for the programs, providing the legislature can find a source in a year in which the governor's proposed 1990-1991 budget is $400 million underfunded if no new taxes are approved.

Summit: Cook County governance . . . H.B. 3777, sponsored by Rep. Barbara Currie (D-Chicago), would create a Cook County Health Coordinating Council. In the Senate, Sen. Judy Topinka (R-North Riverside) sponsored legislation creating a regional health care services authority in Cook County, provided it is approved by voters in a referendum.

Clinical social workers . . . S.B. 1510, sponsored by Sen. Emil Jones, Jr. (D-Chicago), which would require direct reimbursement for clinical social workers by insurance companies, was defeated by one vote in the Senate May 16 and placed on postponed consideration. The bill had been amended to require written notification to the patient's primary care physician of services provided by the social worker, though the notification could be waived by the patient. Both the Illinois Psychiatric Society and the Illinois State Medical Society (ISMS) opposed the bill. ISMS opposes direct reimbursement to clinical social workers not working under direct physician supervision.

Rural health care . . . Rural health care bills were on the calendars of both the House and Senate. They were S.B. 2277, sponsored by Sen.

S.B. 2277 would establish an Illinois Department of Public Health program for grants and scholarships to allied health professionals agreeing to practice in designated shortage areas. H.B. 3571 would increase physician fees in rural areas. The bill was amended in committee at the request of ISMS. Funding for both remains a problem this year.

Legislation appropriating state revenues for rural health centers never cleared the House Appropriations II Committee.

Death, withdrawal of nutrition . . . In addition to S.B. 2213, which incorporates Cook County State's Attorney Cecil Partee's task force proposals for setting standards and conditions for withdrawing life-sustaining treatment (see page 2), a bill dealing with death and dying is still under consideration.

H.B. 2972, which is on postponed consideration as of press time, would provide a definition of death that would include either irreversible cessation of circulatory and respiratory functions or all functions of the brain. The bill is sponsored by Rep. Grace Stern (D-Highland Park), and is similar to legislation she sponsored in 1989.

Home visitations . . . H.B. 3330, sponsored by Rep. Barbara Currie, which would set minimum standards for home visitations and other services to pregnant women, new mothers and infants, awaited final action at press time.

(continued on page 14)

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

In the January 5, 1990 Report for Illinois Physicians, Blue Cross and Blue Shield of Illinois (BCBSI) described a process termed "unbundling", whereby some billing services and physicians incorrectly break down the billing for a surgical procedure with its component parts rather than submitting one bill for the single procedure, resulting in an overstatement of charges.

Over the past several months, BCBSI contacted twenty-eight (28) major Service Bureaus concerning unbundling. All have confirmed in writing that they are not unbundling. They are:

ARC Ventures, Inc.
910 West Van Buren
Chicago, Illinois 60607
(312) 942-8382

Chicago Medical Computers, Inc.
2800 West 95th Street
Evergreen Park, Illinois 60642
(312) 425-7227

Chicago Micro Corporation
6336 North Lincoln Avenue
Chicago, Illinois 60659
(312) 583-8150

Chicago Osteopathic Academics
Medical Practice Plan, Ltd.
20110 Governors Highway
Olympia Fields, Illinois 60461
(312) 747-7960

Cycare Systems, Inc.
805 North First Avenue
Wausau, Wisconsin 54401
(715) 848-6412

DAE Billing
6232 North Pulaski Avenue
Suite 102
Chicago, Illinois 60646
(312) 777-8858

Data Breeze, Inc.
199 South Addison Road
Wood Dale, Illinois 60191
(312) 766-9555

EMSCO Billing Services
907 North Elm Street, Suite 304
Hinsdale, Illinois 60521
(312) 655-9505

Express MediClaims
5732 East Riverside Boulevard
Rockford, Illinois 61108
(815) 654-0693

Health Specialists
900 West Jackson, Suite 5E
Chicago, Illinois 60607
(312) 666-3992

IDX
888 Commonwealth Avenue
Boston, Massachusetts 02215
(617) 566-6800 x2709

Illinois Medical Billing Service
6910 South Madison Street
Willowbrook, Illinois 60521
(312) 323-1661

John Mock & Associates
4600 West Touhy
Lincolnwood, Illinois 60646
(312) 675-3600

M. L. Medical Billing
1450 Old Skokie Road
Highland Park, Illinois 60035
(312) 831-1144

Management Data Services
720 North Larck
Elmhurst, Illinois 60126
(312) 834-0881

Medical Data Systems
24541 Bagley Road
Cleveland, Ohio 44138
(216) 234-5454

Medical Payment Systems, Inc.
24601 Center Ridge Road, Suite 300
Westlake, Ohio 44145
(216) 835-2633

Medi-Data Service, Ltd.
500 South Maple, Suite 103
Oak Park, Illinois 60304
(312) 848-3800

Mednet of Paducah
P.O. Box 1247
Paducah, Kentucky 42002
(502) 443-9110

National Teledata Corporation
700 Longwater Drive
Norwell, Massachusetts 02061
(617) 871-3034

Physicians Practice Management
350 E. New York Street, Suite 300
Indianapolis, Indiana 46204
(317) 634-8080

Physician's Computer Service
666 Busse Highway
Park Ridge, Illinois 60068
(312) 693-8000

Physician's Filing Service
1123 Broadway
Mount Vernon, Illinois 62864
(618) 244-3322

Physician's Service Center
641 East Butterfield Road
Lombard, Illinois 60148
(312) 960-9222

Prodata
2277 West Howard
Chicago, Illinois 60645
(312) 764-6800

Prodata of Central Illinois
1614 Gaylord Avenue
Peoria, Illinois 61614
(309) 691-8117

Professional Business Offices, Inc.
15 Spinning Wheel
Hinsdale, Illinois 60521
(312) 920-1034

Yamco Computerized Billing Service
7918 South Greenwood
Chicago, Illinois 60619
(312) 488-4100

If your Service Bureau is not one of the twenty-eight (28) listed above, we would appreciate your letting us know which service you are using, so that we may contact them and confirm the appropriateness of their billing methodology. We will report our findings to you.

Please call one of our Service Representatives at (312) 938-7974.

(This report is a service to the physicians of Illinois)
5/25/90

Editorials

Private tragedy and public policy

The killing of three children and injuring of several others earlier this month by a Chicago driver who passed out at the wheel has provided cause for thought. In the aftermath of that tragedy, elected officials in Springfield are working on legislation to address the issue of drivers at risk of blackouts and injury to themselves and others.

While the desire to prevent future occurrences like that which occurred in Riverside is clearly understandable, it is also important to look carefully at the implications of any legislation. Voluntary reporting for disabilities affecting driving skills is already in place, and physicians should make themselves aware of the reporting procedure; taking the concept a few steps further to require such reporting might open a host of new problems for patients, physicians, governmental agencies and the legal system. We believe appropriate use of the voluntary system now in place will ensure adequate protection for public safety.

Let's continue to work with state legislators to promote the most effective system possible.

A measles "opportunity"

That the federal Centers for Disease Control will be using Chicago as a test community for an all-out campaign against measles is good news indeed.

In practical terms, the CDC effort – combined with local efforts now in place – to distribute free measles vaccine, provides the chance for broad immunization among the minority and other disadvantaged groups in the Chicago area for whom measles remains a persistent scourge. On a wider level, the move points to a partnership among local, state and federal officials which could prove a harbinger of future public health efforts.

Physicians should take every advantage of the free vaccine now available; and all of us should support the current efforts' success.

Infant blood type reality

In 1987, the Vital Records Act was amended to require that the blood type of newborn infants be listed on the birth certificate. This amendment arose out of a personal concern on the part of a state legislator.

The problem with this law was that it was scientifically misguided: blood typing in newborns under six months is invalid, as it can change. And the Illinois State Medical Society (ISMS) House of Delegates recognized this fact when it called for its repeal.

ISMS' call for repeal has been heeded in the Illinois House of Representatives; repeal legislation has passed the House and is now awaiting action on the floor of the Senate. We applaud that action, and urge the Senate to repeal the current law. This development demonstrates physicians and organized medicine can have a positive and progressive influence in the development of health-related legislation.

Let's continue to strive to be there in the legislature when physician input is needed to create scientifically sound legislation affecting all of us.▲

Illinois Medicine

VOLUME 2, NUMBER 11 **MAY 25, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

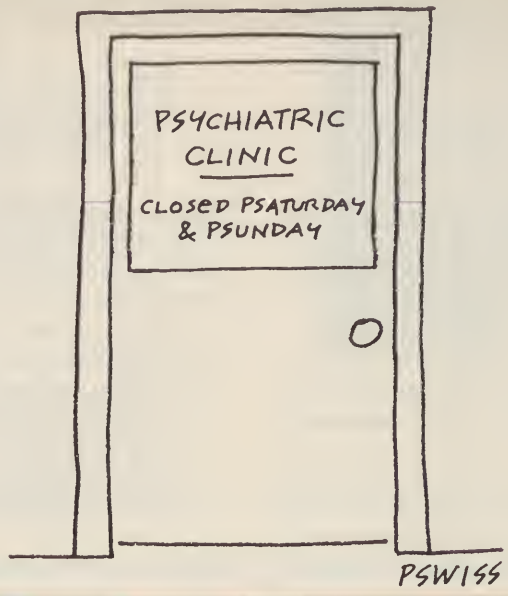
***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Suzanne W. Nelson, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



President's Column

The real quality challenge



James H. Andersen, M.D.

"The theory of bad apples" is threatening to swallow up the practice of medicine as we know it, proclaimed a recent *New England Journal of Medicine* article. Those who subscribe to the theory, *NEJM* said, "believe that quality is best achieved by discovering bad apples and removing them from the lot."

The trouble with this theory is it relies on punitive measures and constant inspection as the chief means of improving quality. That's legitimate if we are seeking only the lowest acceptable standard for health care delivery – But we're not.

How then can we think beyond the constant barrage of regulatory oversight and challenges, toward actually improving health care rather than merely meeting (often silly) external guidelines.

NEJM offers several suggestions, which I believe we doctors can implement, albeit not without some thought and effort:

"Leaders must take the *lead* in quality improvement," says *NEJM.* In essence, we doctors must together search out ways to better our system. The work of Chicago's health care summit is a good example. Reform of Illinois' medical disciplinary law is another. Improving the medical malpractice climate will yield benefits in both quality and access to care. At the same time, we must not be ashamed of our current system. It's the best in the world; quality is at an all-time high. We need to put our critics' judgments in perspective.

"Investments in quality improvement must be substantial," says *NEJM.* In other words, we must put our best medical minds to the task, in physicians' offices, hospitals, clinics and even government. An important part of that is your active participation in organized medicine, where many of policy issues relating to quality care and measurement are actually thrashed out. We need your input on a very broad scale.

"Respect for the health care worker must be re-established," says *NEJM.* At a time when litigation usurps trust, medical specialists replace generalists and health care plans impose on the physician-patient relationship, this is no easy task. Thoughtful, frequent and open patient communication can help immensely. We must find time for community outreach. The ongoing Illinois State Medical Society (ISMS) senior citizens effort is one concrete way for physicians to get involved.

"Health care regulators must become more sensitive to the cost and ineffectiveness of relying on inspection to improve quality," says *NEJM.* That's not to say we should do away with regulatory oversight altogether. But the pendulum has swung too far away from clinical judgment, into the hands of zealous bureaucrats wanting to make their mark. ISMS and American Medical Association are fighting these battles. We need your help to move that pendulum back. We must be vigilant in raising our concerns and objections to unreasonable, impractical and expensive regulation.

"Finally, individual physicians must join in the effort for continuous improvement, *NEJM* says. Unless we all make the quest for quality improvement our own personal priority, the health care landscape will be hard to change. The 'theory of the bad apple' will prevail. That's something that would do none of us any benefit. If we all take on a piece of the burden, we can make *real* progress.▲

James H. Andersen, M.D.
President

This column is based on a New England Journal of Medicine *article by Donald M. Berwick, M.D., M.P.P. of the Harvard Community Health Plan, published January 5, 1989.*

Letters to the Editor

Dr. Lundberg's editorial

I wish to extend my vote of confidence and support to George Lundberg, M.D., editor of the *Journal of the American Medical Association (JAMA)*. The quality of scholarship in *JAMA* in recent years is par excellence and Dr. Lundberg deserves accolades for his stewardship of *JAMA*. As the editor of the premier medical journal, his task is difficult enough and moral valor to flirt with the fringes of editorial latitude ought to be commended. Medicine is in the eye of the maelstrom and therefore such courage is exigent. When 90 percent of Americans desire a reconstitution of the health care system, equivocation as a strategy to maintain status quo will not work. Thus, risk-taking is as essential as introspection.

The bone of contention appears to be about the greed factor in medicine. The editorial was an appropriate ending for a decade characterized by the aggrandizement of avarice and the pursuit of euphoria. Dr. Lundberg revived "introspection" that was recommended by famous physician philosopher John Locke in the turbulent 17th century. Critical reflection or introspection is exigent for the medical profession in these times of tribulations and any constraint on the editorial latitude will hamper our need for periodically testing those uncomfortable boundaries in medical ethics. Without such reflection, refinement of the medical ethos would be postponed. Introspection will always remain disconcerting and is the best antidote to ethical dehiscence.

It is obvious that only some physicians were "impaired by greed" and it is likely that their role models were Ivan Boesky and Michael Milken, who suffered from moral incontinence. Dr. Lundberg's editorial implied that the attributes of compassion, beneficence, and altruism are at the core of the medical ethos and should remain there. To chastise him and constrain his editorial latitude could corrode credibility just when *JAMA* has become the pre-eminent medical journal.

Neni Prasad, M.D.
Springfield

Canadian comments

The cogent remarks by William Goodman, M.D. ("The Canadian Model: Would It Work Here?" *Illinois Medicine*, January 19) were extracted from his presentation at the annual meeting of the Association of American Physicians and Surgeons last September. A complete transcript of those remarks can be obtained from the Association, 1601 N. Tucson Blvd. Suite 9, Tucson, AZ 85716.

Jane M. Orient, M.D.
Executive Director
Association of American
Physicians and Surgeons



***Mundelein** family physician John J. "Jack" Ring, M.D., American Medical Association board chairman, is running for president-elect at AMA's annual meeting in Chicago on June 27. A strong physician advocate, he has been an AMA trustee since 1983.*



Because safety cannot be taken for granted in H_2-antagonist therapy

AXID®
nizatidine

Minimal potential for drug interactions

Unlike cimetidine and ranitidine,[1] Axid does not inhibit the cytochrome P-450 metabolizing enzyme system.[2]

Swift and effective H_2-antagonist therapy

- *Most patients experience pain relief with the first dose[3]*
- *Heals duodenal ulcer rapidly and effectively[4,5]*
- *Dosage for adults with active duodenal ulcer is 300 mg once nightly (150 mg b.i.d. is also available)*

References
1. *USP DI Update, September/October 1988, p 120.*
2. *Br J Clin Pharmacol 1985;20:710-713.*
3. *Data on file, Lilly Research Laboratories.*
4. *Scand J Gastroenterol 1987;22(suppl 136):61-70.*
5. *Am J Gastroenterol 1989;84:769-774.*

AXID®
nizatidine capsules

Brief Summary. Consult the package literature for complete information.

Indications and Usage: 1. *Active duodenal ulcer*—for up to eight weeks of treatment. Most patients heal within four weeks.
2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than one year are not known.

Contraindication: Known hypersensitivity to the drug. Use with caution in patients with hypersensitivity to other H_2-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.
2. Dosage should be reduced in patients with moderate to severe renal insufficiency.
3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests—False-positive tests for urobilinogen with Multistix® may occur during therapy.

Drug Interactions—No interactions have been observed with theophylline, chlordiazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H_2-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H_2-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H_2-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

PV 2098 AMP [091289]

Additional information available to the profession on request.

Lilly
Eli Lilly and Company
Indianapolis, Indiana
46285

NZ-2924-B-049310 ©1990, ELI LILLY AND COMPANY

Axid® (nizatidine, Lilly)

The Illinois State Medical Society's 150th Birthday Party

The Illinois State Medical Society is hosting a reception from 6 p.m. to 9 p.m. on Tuesday, June 12, 1990 at its new Springfield building at 600 South Second Street. This open house is in honor of the 150th Anniversary of ISMS. Members of the Illinois General Assembly are being invited. All ISMS members are welcome and may obtain tickets by calling ISMS at (312) 782-1654 or 1-800-782-ISMS.

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin
President, Medit Associates

If these were your patients, how would you have handled these cases?

Case #1

Presenting complaint and initial diagnosis—A 43-year-old female computer operator consulted her family physician after she developed an itchy, scaly rash with oozing lesions, which was particularly apparent on her arms and legs. The physician diagnosed severe, chronic dermatitis.

The case in brief—The physician prescribed erythromycin, tap-water compresses for the infected lesions, application of a corticosteroid cream, and night-time wrapping of the affected areas in polyethylene film after ointment application. Two weeks later, the woman returned to complain that her condition had not improved. The physician then prescribed diminishing amounts of prednisone over a period of two weeks. The patient was seen one week later, and seemed to be improving. The physician advised her to complete the prednisone medication as he had directed. Six months elapsed before the patient again contacted the physician, this time to complain of acute pain in her right hip. The physician referred her to an orthopedic specialist who diagnosed avascular necrosis. A complete hip replacement was required.

The resulting claim—The woman filed suit alleging negligence in prescribing prednisone, leading to avascular necrosis of her hip, failure to monitor her condition, and failure to warn her of the possible risks involved in use of the drug.

The outcome of the claim—A jury awarded the woman $180,000. The defendant physician testified that he had not prescribed or authorized additional doses of prednisone. However, pharmacy records indicated that the woman had obtained several refills of the medication which she continued to take. According to the pharmacist's records, someone in the physician's office had authorized the refills, probably by telephone, but there were no notes in the patient's chart to either confirm or deny this. The physician was able to produce his chart in which the initial prescription was noted, with instructions for diminishing doses. This raised the issue of the patient's contributory negligence in continuing the drug. This may have moderated the size of the award to some extent.

Case #2

The presenting complaint and diagnosis—A 54-year-old news correspondent who traveled extensively in his work consulted his internist on one of his infrequent stays at home because he was having a flare-up of asthma. He had been asthmatic since childhood but the problem had been under control with continued use of traditional asthma medications.

The case in brief—The internist prescribed prednisone in diminishing doses to be taken only for a specified period of time. The patient then was to resume the use of theophylline and an aerosolized bronchodilator to control any subsequent problems. The internist warned the patient that there were risks in using the corticosteroid for more than a short period of time. During the office visit the internist also noted a slight elevation in blood pressure and recommended a salt-free diet and weight loss as a first measure of control. The physician did not see the patient again.

The resulting claim—Approximately 10 months later, the patient filed suit against the internist for complications and side effects from the prednisone prescription. The patient alleged that he suffered a serious eye infection that made it impossible for him to work and that he developed cataracts, both as a result of negligent prescription of prednisone. During the trial it was revealed that the patient had experienced several asthma attacks during his travels and had induced physicians in other places to prescribe prednisone. He also had obtained a prescription for a topical corticosteroid ointment for eczema to which he was subject. He also had been immunized against several diseases before traveling abroad.

The outcome of the claim—The physician was not found negligent and the case was dismissed. The internist had met the standard of care in prescribing the corticosteroid and had warned the patient of the dangers of continued use of the drug. His records documented the prescription and the patient conversation. The plaintiff's attorney argued that the internist should also have warned the patient that corticosteroids could interfere with immune response in the presence of prophylactic immunization, but the court, while acknowledging this point, nevertheless found for the defendant. An expert witness for the defendant testified that the eye problems were probably related to the use of the topical corticosteroid and that the physician who prescribed the medication for the eczema should have outlined this risk to the patient.

The points these cases make—Many claims arise from prescriptions of corticosteroids, often, as in the cases above, because patients failed to follow physicians' instructions or did not heed or know about all the attendant risks. Physicians appreciate the value of these useful drugs, know possible adverse reactions, including those which developed in the cases described, and weigh the possible benefits against the risks. Risk managers are taking certain steps that will minimize the possibility that corticosteroids will be given when contraindicated and that patients won't misuse these drugs:

—Take a thorough history of a patient for whom a corticosteroid is being considered, ruling out peptic ulcer, diabetes, tuberculosis, emotional instability and presence of other conditions identified in the literature which contraindicate use of such drugs.
—Individualize dosages and keep them at the lowest-effective dose for the shortest period of time.
—Monitor a patient taking a corticosteroid carefully at regular intervals during prolonged therapy with appropriate laboratory and diagnostic tests.
—Give clear, *written* instructions for such medications to assure that the patient understands.
—Explain possible risks and side effects carefully and advise a patient taking a steroid to call to report any adverse effects promptly.
—Monitor and document any renewal of the prescription.
—Withdraw the drug gradually.

In outlining principles for using corticosteroids, *The Merck Manual* says "Committing a patient to long-term corticosteroid therapy should be considered only after other therapeutic measures have failed." ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

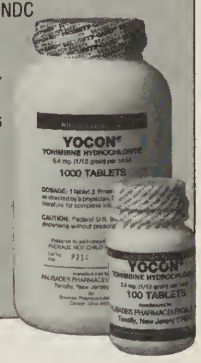
Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:
1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Downstate naprapath arrested

Illinois naprapaths' new lawsuit dismissed

by Kevin O'Brien

A FEDERAL judge in Chicago dismissed a suit brought by more than 100 Illinois naprapaths against the Illinois Department of Professional Regulation (IDPR) because the judge said the same case had already been decided by the Illinois Supreme Court, according to court documents. The plaintiffs' attorney said he will appeal the judge's ruling.

In a written opinion filed May 4, U.S. District Judge Charles P. Kocoras said he dismissed *Maguire, et al v. Selcke, et al,* because, apart from one issue not incorporated into the suit, the case was basically identical to *Potts v. Illinois Department of Registration and Education*, which the Supreme Court decided in December 1989. He wrote that the three essential elements for a *res judicata* (i.e. "the thing has been decided") ruling were in *Maguire*: a final judgment on the merits of *Potts* was rendered; the cause of action was identical in each suit; and Potts was the "virtual representative" of the plaintiffs in *Maguire* so, consequently, the parties in each suit were identical.

Potts concerned Illinois naprapath Mary Ann Potts, who alleged the Illinois Medical Practice Act, as amended in 1987, denied her constitutional right to practice her profession because it excluded naprapaths from state licensure eligibility. But the Supreme Court's ruling against Potts upheld the Illinois General Assembly's right to determine appropriate qualifications for those seeking licenses to practice medicine in Illinois.

The Illinois State Medical Society (ISMS) filed an *amicus curiae* brief in *Potts*, arguing that the legislature appropriately exercised its right to exclude naprapaths, and that naprapathy should not be equated with medical practice by including it under laws governing physicians.

Dorland's Medical Dictionary defines naprapathy as a "system of therapy employing manipulation of connective tissue (ligaments, muscles and joints) and dietary measures, said to facilitate the recuperative processes of the body."

Plaintiff attorney to appeal

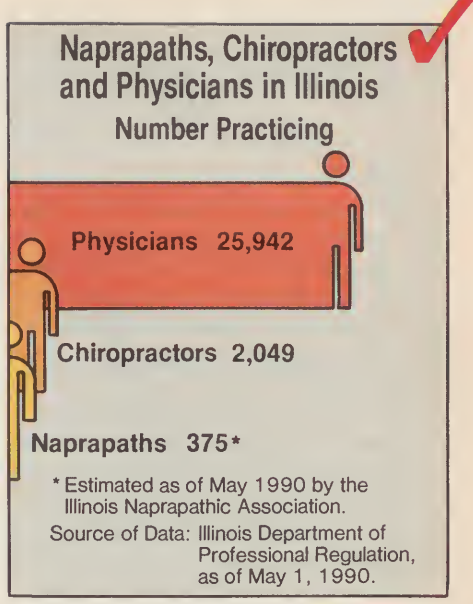
However, George C. Pontikes, the plaintiffs' attorney in *Maguire*, said he will appeal because he disputes the judge's ruling that parties to the suits are identical. He contended the judge's ruling that Potts was the "virtual representative" of the plaintiffs in *Maguire* would be valid only if the *Potts* case had adequately represented the interests of his clients.

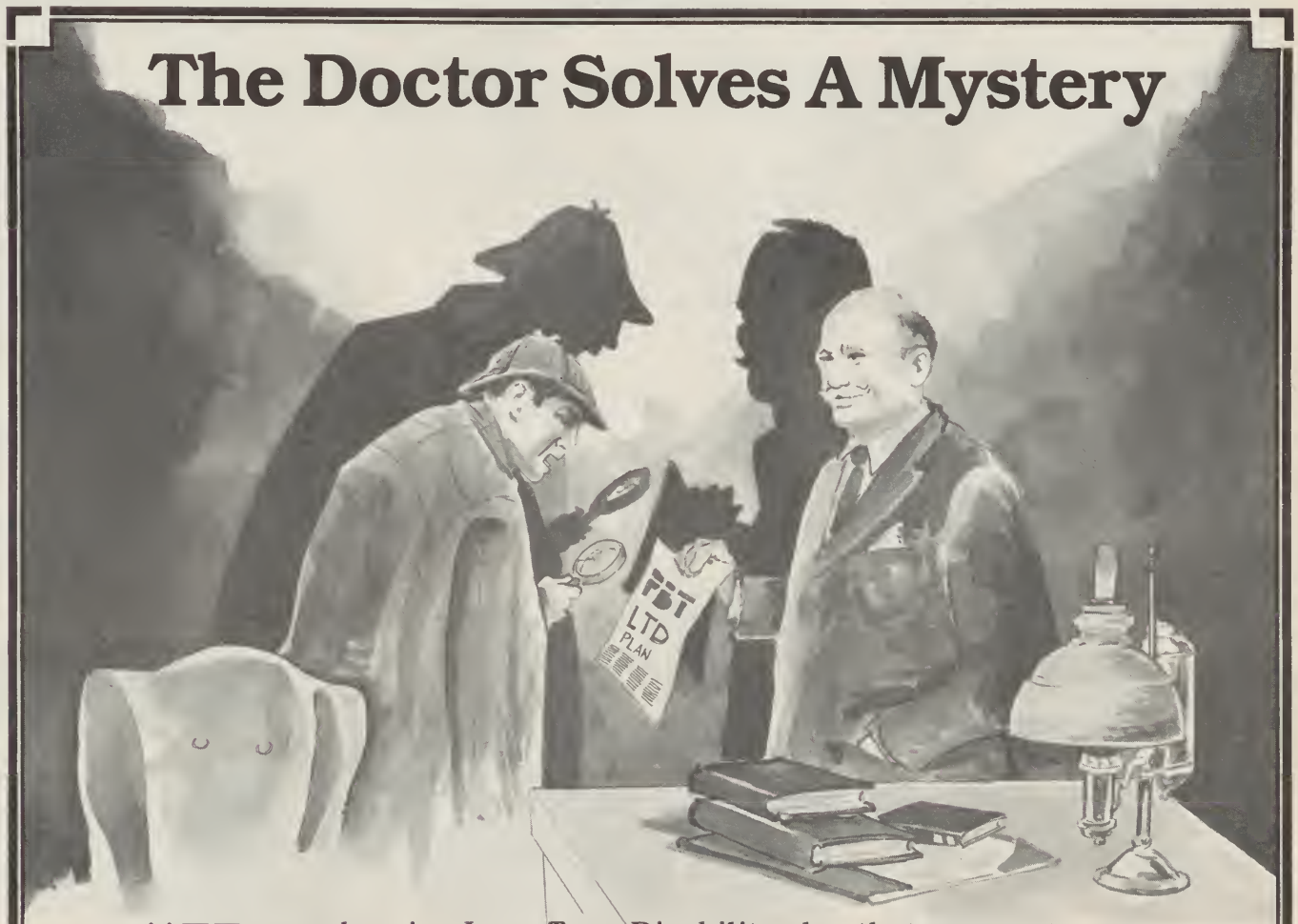
"The representation of [the current plaintiffs'] interests was not adequate because Potts never asked for an evidentiary hearing," Pontikes said. Maguire seeks such a hearing to determine whether the prohibition of naprapathy is "rationally related to legitimate governmental purpose." ISMS was cited in *Maguire*, but was not named as a party to the suit.

Naprapath arrested

Meanwhile, a naprapath in downstate Mt. Carmel was arrested March 19 and charged with 11 counts of practicing medicine without a license. According to court documents filed in *Maguire*, the Mt. Carmel *Daily Republican-Register* reported on March 20 that naprapath Virl D. Hunter, who has an office in Mt. Carmel but listed his residence as Holland, Indiana, was taken into custody following an investigation by IDPR and Wabash County State's Attorney Stephen G. Sawyer.

During the probe, two investigators posing as husband and wife entered Hunter's office, whereupon he purportedly diagnosed and treated the "wife" for certain ailments she had cited. The complaint alleges that Hunter also advertised himself as a "doctor" of naprapathy in the local telephone directory and on signs, business cards and public lecture advertisements. Hunter posted a $10,000 bond and was released. A pretrial hearing in the matter is scheduled for July 30 in the Wabash County Courthouse in Mt. Carmel, with a jury trial scheduled to follow on August 13. ▲





"Homes, here's a Long Term Disability plan that pays up to $10,000 per month, and it defines disability to meet the real needs of physicians," Doctor Batson declared.

"Egad, it must cost a fortune," Homes responded diligently.

"About half of what others charge for the same protection," replied Doctor Batson.

"But how's that possible, Batson?" Homes implored.

"Elementary, my dear Homes. It's what I expect from my medical society. After all, it's just what the doctors ordered!"

There's no mystery to obtaining great benefits protection at low cost group rates. Simply call or write the PBT.

(800) 621-0748
(312) 559-9130

☐ Please send information about the **PBT Long Term Disability Plan.**
☐ Send information about the other PBT plans I have checked.

☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____
Practice Name: _____
Street: _____
City/State/Zip: _____
Telephone: _____
ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

McLean County chiropractors seek outpatient privileges

MCLEAN COUNTY chiropractors seeking outpatient diagnostic privileges at both of the county's hospitals are awaiting word from the Federal Trade Commission (FTC), following their filing of a grievance against the hospitals last November. The McLean County Chiropractic Association (MCCA) complaint charges the hospitals violated federal antitrust provisions by allowing their medical staffs to refuse chiropractors the privilege of ordering diagnostic tests for patients.

The move by the county's chiropractors to gain outpatient diagnostic privileges is representative of a nationwide effort by chiropractors to gain those and other hospital privileges.

The McLean county chiropractors' effort began in November 1988, when the MCCA wrote to BroMenn Healthcare in Normal (created in July 1984 by the merger of Brokaw and Mennonite Hospitals) and St. Joseph Medical Center in Bloomington, seeking the diagnostic privileges. The association's president, Steve Troyanovich, D.C., argued that the group's patients were being forced to travel 120 miles round-trip to the Springfield Imaging Center in Springfield to obtain radiographic imaging studies, and that such travel posed a burden to patients. (Later, the association established relations with Abraham Lincoln Memorial Hospital in Lincoln and Fairbury Hospital in Fairbury, both of which represented a 60-mile round trip from Bloomington.)



Steve Troyanovich, D.C., McLean County Chiropractic Association president, alleges that two McLean County hospitals violated antitrust laws.

Hospitals deny request

Both hospitals' medical staffs twice denied the request, BroMenn initially in December 1988 and St. Joseph initially in February 1989. John R. Bandy, M.D., president of St. Joseph Medical Center's medical staff, wrote in a second letter of denial dated November 17, 1989, "The hospital can only accept orders for outpatient diagnostic services from practitioners who are eligible for membership on the medical staff, per the medical staff bylaws."

In BroMenn's second letter of denial, dated November 27, 1989, Douglas Bey, M.D., former president of Brokaw/Mennonite Hospital's medical/dental staff, wrote Dr. Troyanovich that only the medical staff and "physicians duly licensed to practice medicine in accordance with the definition for medical staffs under the Hospital Licensing Act," could order diagnostic tests. The letter continued, "That limitation naturally would exclude members of your association by definition."

The medical staffs' responses triggered a series of written communications between the MCCA and BroMenn Healthcare.

The FTC investigates

Following the initial correspondences with the two hospitals, Dr. Troyanovich filed an FTC complaint on behalf of the association, after seeking legal advice from George P. McAndrews, a Chicago attorney. McAndrews had represented the plaintiff in *Wilk v. the American Medical Association, et al,* a case that resulted in a Chicago federal appeals court upholding in February a 1987 federal ruling that the American Medical Association's long-standing policy toward chiropractors violated federal antitrust law.

"Any time a group of competitors get together and agree to exclude doctors of chiropractic, that's a restraint of trade and a violation of the antitrust law if there are no alternative solutions," said McAndrews, who added that, "A hospital board of trustees acting under the law can decide what type of services a hospital is going to offer, but medical physicians are competitive providers since they are listed under the Illinois Medical Practice Act as are doctors of chiropractic and doctors of osteopathy."

"It's not a matter of just having the wrong [hospital] committee handle this," said Dr. Troyanovich. "I see it as our direct competitors, the medical staff, have conspired to keep us from the technology which we need to take care of patients."

Judy Moreland, an attorney in the FTC's bureau of competition, refused to discuss the chiropractors' case or whether the commission was pursuing the complaint. But Moreland did comment on the process FTC follows in tracking a case. "If it looks like a situation we may be interested in pursuing that might involve a violation of the antitrust laws," Moreland said, "we request more information from the plaintiff, asking for any documents the plaintiff might have to support the allegation so we can review whether there may be an antitrust violation or whether we have the resources to pursue it."

Dr. Troyanovich said the MCCA has forwarded all correspondence with BroMenn and St. Joseph to the FTC, as requested.

Sally Maxwell, another staff attorney for the health care division of the FTC bureau of competition, said her department had periodically dealt with staff privilege cases, but was not aware of any involving chiropractors. She added that whether any other nearby facilities were available for the complaining group, the effect on the market and who was denying the privileges were key factors to consider.

FTC defines antitrust violations

Maxwell explained two opposing examples of what would and would not constitute an FTC violation. "If a medical staff makes a decision not to accept an orthopedic surgeon after evaluating his or her credentials, that's direct competitors making a decision about another competitor. Although it may restrict that competitor's ability to engage in his or her practice, it's not necessarily an antitrust violation because the hospital needs the medical staff's decision to determine how to best give care in the community.

"However," she added, "we have cases where a medical staff had tried to keep podiatrists off the medical staff. We have an order against [one] medical staff [in particular] because they required that the podiatrists have far more years of residency training than what they were requesting to do. We said in the complaint no podiatrist could have met those standards and it's an agreement to keep out competitors because it was in their economic interest."

Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) standards allow chiropractors on the medical or the allied staff of a hospital; but state law supersedes JCAHO standards. Under the Illinois Hospital Licensing Act, only MDs, DOs, dentists, and podiatrists can have *medical* staff privileges.

BroMenn appoints study committee

In a February 1990 letter from BroMenn to Dr. Troyanovich, Jeffrey B. Schaub, president of BroMenn Healthcare, said the hospital board appointed a committee to study the need for chiropractic services and others in the community, and the types of chiropractic services available. The letter asked MCCA to provide them with information relating to the practice of chiropractic.

Dr. Troyanovich sent numerous chiropractic materials to the hospital and spoke to the hospital's board members in an April 1990 informational meeting.

However, he speculated that BroMenn's request for information was to "take the decision-making process out of the hands of the medical staff and redo it."

Schaub responded, "Right now, we basically have a study group that is amassing information on how other U.S. hospitals have handled chiropractors requesting these kinds of privileges, doing a lot of internal research and fact-finding on the chiropractic profession. We are two-thirds through this process, but I cannot predict what will become of this situation. We've asked for this material so we can provide an educated response to them whether we say yes or no."

Schaub would not comment on the grievance or whether the hospital has sought a legal opinion on the issue except to say, "The hospital takes issues like this very seriously."

Dr. Troyanovich said they have not heard from St. Joseph since the hospital denied the chiropractors the privilege of ordering outpatient diagnostic tests. Dr. Bandy had no comment about the situation. *Illinois Medicine* was unable to reach Kenneth J. Natzke, St. Joseph's administrator, for comment.

Moreland said there was no way to tell how long the case would take if FTC was investigating it. ▲



Philippine physicians' group welcomes Dr. Johnson: *Eugene P. Johnson, M.D., past president of the Illinois State Medical Society, was the guest speaker during a recent program sponsored by the Philippine Medical Association in Chicago. The program, titled "Cytokines, Allergy and Asthma," was a part of the 46th annual Midwest Clinical Conference sponsored by the Chicago Medical Society. Dr. Johnson, speaking on the topic "Unity and involvement as keys to the future," is shown with a panel composed of (left to right) Lourdes Floro, M.D., Nunilo Rubio, M.D., Librada Manaligod, M.D., and Baltazar Espiritu, M.D.* ▲

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

A self-taught innovator makes gains for medical bacteriology

1 5 0

IN 1884, a young intern at Cook County Hospital became a laughingstock among his peers after he set up a makeshift laboratory in the hospital bathroom. Laboratory medicine was not widely accepted at the time, and the whiskey glasses (instead of petri dishes) and boiled eggs (instead of gelatin for growing cultures) which Bayard Holmes, M.D., used were considered ridiculous eccentricities. The fact that Dr. Holmes was a graduate of the much-derided Chicago Homeopathic Medical College didn't help.

A few years later, no one was chuckling. Dr. Holmes shared the results of his experiments with Christian Fenger, M.D., his mentor and a like-minded physician. Together, they went on to perform pioneering work in bacteriology.

"Dr. Fenger had never seen a microbe growing in nutrient material when I showed him my 'discoveries' in the County Hospital in 1884," wrote Dr. Holmes, a surgeon and self-taught bacteriologist. "I have seen botanists run upon a long-sought plant and astronomers discover a new double star, but never one of them showed more childlike delight than Dr. Fenger did when he saw my tubes of agar and of gelatin in which only a few hours before I had planted with a platinum needle invisible infection from the infected wound or abscess of one of his patients."

Though the "germ theory" had been introduced a decade before, antiseptic techniques were far from widespread in Chicago operating rooms—and laboratories were even more rare. In the summer of 1886, Dr. Holmes described the conditions under which he was forced to conduct work in yet another makeshift laboratory:

"The Passavant Hospital had no operating room facilities other than a gas stove, a copper wash boiler or two, a lot of graniteware washbasins and pitchers, a few slop pails and a few glass jars of sea sponges. . . . In the drug stores we were able to get antiseptic gauze prepared in Milwaukee by Mr. Schorse. He also sold catgut he had sterilized. My examinations suggested that this sterilization was not always successful."

As bacteriology gained acceptance among physicians, Dr. Holmes emerged as the field's humanitarian, socially conscious leader. In 1888, he was called on to give the first course in bacteriology at the Chicago Medical College. He organized a laboratory at the Chicago Medical College, in which he trained special students in bacteriologic methods. Adolph Gehrmann, the first bacteriologist in the Chicago Health Department, was one of his pupils. By 1890, bacteriology appeared in the curriculum of the medical schools in Chicago.

The ridicule Dr. Holmes had endured as an intrepid laboratory scientist served as a catalyst for medical school reform in Chicago. As secretary of the College of Physicians and Surgeons, he reorganized the school's faculty, curriculum and facilities. He hired colleagues who were believers in the "new medicine," who would give students the opportunities for witnessing and performing the laboratory exercises they themselves had missed in medical school. And he was largely responsible for the laboratory building added in 1892—the first such structure erected by a private medical school in the United States.

It was some time before the laboratory approach to medicine became standard. But the delay did not mean Dr. Holmes' efforts to modernize medical education were a failure, as he later believed. Rather, it showed Dr. Holmes for what he was: a visionary reformer who was ahead of his time. ▲

ISMS PHYSICIAN HELP LINE

312-580-2499

The PHYSICIAN HELP LINE is a confidential, physician-directed advocacy service, linking mentally or physically impaired physicians and their families with helpful resources. Call the PHYSICIAN HELP LINE, when someone you know needs help. 312-580-2499.



Over-the-phone consultations. Free.

Every physician is faced occasionally with a complex patient problem. That's why Medical College of Wisconsin faculty are available 24 hours a day for over-the-phone consultations. Together, we can establish a diagnosis or develop a treatment plan that is based upon the most current research findings and state-of-the-art technologies. Call us through PRN.

MEDICAL COLLEGE OF WISCONSIN PRN
PHYSICIAN RESOURCE NETWORK®
1 • 8 0 0 • 4 7 2 • 3 6 6 0



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.
(Formerly The Hardy Group, Inc.)

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

(continued from page 1)

by the Chicago Medical Society (CMS); three officers of Illinois hospitals nominated by the Illinois Hospital Association (IHA); an individual nominated by the Central Illinois Medical Review Organization (CIMRO), CCFMC's PRO review subcontractor; one individual each nominated by the Will-Grundy and Winnebago County Medical Societies; and a representative of the American Association of Retired Persons.

Those 10 individuals plus the 16 board members from the crescent counties would sit instead on the Council for Governmental Review Programs. As stated in the PRO's bylaws, the Council for Governmental Review Programs "may exercise the authority of the Board of Directors on all matters which pertain to the Corporation's contracts with the Department of Health and Human Services, Health Care Financing Administration, and Illinois Department of Public Aid subject to the subsequent approval of the Board."

But the change in the PRO board's composition of directors has disturbed CMS, which appears to be the only group actively disputing the reorganization. "It is important that we have input at the level that we should have input," said Arvind Goyal, M.D., president-elect of CMS.

Dr. Goyal explained that at the CCFMC's January board meeting, the PRO proposed an alternative corporate structure so CCFMC could become involved in private review for local businesses.

"The board needed to have the bylaws changed so they could enter into some activities for financial reasons and this seemed to be the appropriate way to do it," said Mack W. Hollowell, M.D., a Charleston physician who acts as CIMRO's representative to CCFMC. "Now it is true that those of us who are appointed and not elected to the board do not have a vote and have no control over the private activities that CCFMC might want to engage in, but as far as I'm concerned, it's all right."

But Dr. Goyal expressed the belief that "There are several ways [the PRO] could accomplish this objective [private review], such as forming a separate subsidiary, without excluding our representatives from the board."

CMS cites differences with CCFMC's reorganization

Dr. Goyal reported that because CMS members expressed reservations about the new PRO bylaws to CCFMC's executive committee in January and February, a bylaws amendment was drafted, stipulating that actions taken by the Council for Governmental Review Programs would not be overturned by the board and would be considered final, provided nine of the 16 crescent counties' representatives were present at a council meeting. "We are concerned about the language of the amendment. We do not think it addresses our concerns," said Dr. Goyal.

The reorganization of the CCFMC board essentially creates a "superboard" of 16 crescent counties' representatives. "These people would be responsible for making all the decisions although they would let the new council review any proposals concerning governmental programs," Dr. Goyal said.

The problem for CMS, he added, is that "actions [taken by the council] may be reviewed by the new board of directors, and the board will necessarily exclude additional viewpoints made on behalf of physicians who do not come from the four crescent counties."

Thus, the group's major difficulty is that, in its view, the bylaws' changes act to reduce the broad base of physician input into PRO decision-making. While the Council for Governmental Review Programs was established to assure input from all groups involved in Medicare and Medicaid review activities, it may not be the final arbiter for PRO decisions, Dr. Goyal pointed out. "If nine of the 16 elected members from Crescent Counties are not present at a council meeting, then the action on any given matter, according to what I read in the bylaws, could be referred to the new 16-member 'super board.'

"Our concern," Dr. Goyal continued, "is that a sensitive matter or an important matter may not be discussed or decided by the council [because a quorom from Crescent Counties was not present]. This matter then would be discussed and acted on by the board, and input from the 10 members representing CMS, the county societies, the IHA, and a public member, would be excluded," Dr. Goyal explained.

CCFMC Executive Director Thomas R. Hyngstrom, Ph.D. declined to allow *Illinois Medicine* to interview him or CCFMC President Joseph L. Daw, M.D., an Oswego general practitioner. But Dr. Hyngstrom submitted a written response from Dr. Daw, which he said was approved by CCFMC's executive committee.

"Our bylaws," said Dr. Daw's written response, "were revised on the advice of our legal counsel. The purpose of these revisions was to clarify and make more specific the distinction between [CCFMC] and its corporate board, and the PRO program (one of [CCFMC's] several projects or contracts). The Council is the PRO program's governing body. . . . The authority of the Board on PRO issues has been delegated to the Council."

Dr. Daw's written response continued, "The authority of appointed members of the Council [on] the PRO and [Illinois competitive access and reimbursement (ICARE)] programs is the same as their previous authority as appointed board members." It added that, besides CMS, no other board members, nor the organizations they represent, objected to the change.

"We think the Council for Governmental Review Programs should be the final authority for Medicare and Medicaid programs, no matter what," Dr. Goyal insisted. "For a PRO to be successful, it needs to have a good organization, one that is efficient, that follows the rules, and that has the cooperation of the physicians who are being reviewed. If [CCFMC] were to exclude input [from certain physicians' groups], who is going to tell them what the effect of a new proposal would be on the physicians who are being reviewed?"

But Norris Dougherty, M.D., CCFMC's representative from the Winnebago Medical Society, insisted that "as far as the function of the members of the board of the PRO, both appointees and electees, there is no change. The Council on Governmental Review Programs was created because federal money had to be kept separate. We have the same authority as before; our vote means the same as it did before."

And Christopher Bailey, IHA's liaison with CCFMC, said the change in bylaws "does not lessen or change the authority of the current board and their members to govern the activities of the PRO. It really is not substantive." Creation of the Council for Governmental Review Programs, he added, "simply makes a little more clear the separation between the PRO functions and the private utilization review activities that Crescent Counties wants to expand into."

Moreover, stressed Dr. Dougherty, the bylaws' revision could have the effect of increasing the power of the CCFMC's 10 appointed council members. "Theoretically, if there were 10 appointees and nine members from CCFMC at a council meeting," he said, "the appointees could outvote CCFMC 10 to 9. So we could have more power than before."

CMS had also expressed concern that the PRO's board might reject CMS nominees to the Council for Governmental Review Programs without stating a specific cause.

Dr. Daw's response to CMS read, "Since the creation of appointed positions in 1985, the elected members have had the right to appoint or not appoint nominated members. No nomination has been rejected to date. We do not understand why this is now an issue." ▲

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

Physician groups contract independently to employers

by Karen Beshears

AN ILLINOIS MEDICINE SPECIAL REPORT

Independent Contracts



TWO PHYSICIAN groups in northwestern Illinois are involved in joint venture managed-care benefit plans targeted to self-insured employers, with the second and larger organization contracting directly with employers and other insurance plans providing medical services. The two groups' initiatives represent a growth in direct provider relationships which bypass health maintenance organization (HMO) and preferred provider organization (PPO) structures.

The Western Illinois Independent Physicians Association (Western Illinois IPA), which represents 208 physicians in the Quad Cities area, has entered into a joint venture with United Medical Center in Moline to establish the Western Illinois Health Practice Organization (WIHPO).

Since early 1988, the WIHPO has provided health care services to the hospital's more than 2,600 employees and dependents, and since January has designed plans for two other self-insured employers with more than 1,500 enrollees. WIHPO works through a local insurance broker, The Bartlett Agency.

The 60 doctors in the Northwest Illinois Physicians Association (NIPA), Freeport, are in a joint venture with Freeport Memorial Hospital and local employers to form the Northwest Illinois Health Alliance. The Alliance serves five self-insured companies with 4,500 employees and dependents. The claims are handled by a third-party administrator, DCA Inc., of Minneapolis.

The Western Illinois IPA has other contracting plans and is negotiating with "at least three additional PPOs and two HMOs" this year, said Doug Arnold, IPA director. The IPA just signed contracts with Lincoln National and Preferred Care Network and is forming a subcorporation to do claims processing this month, eliminating the need for a third-party administrator.

The not-for-profit Alliance plans expansion to serve small business employers through an insurance company, said Pat Sterling, Alliance executive director and IPA director.

Payment arrangements differ. The Western Illinois IPA has a fee schedule for each doctor. Self-insured employers pay the claims, while the IPA collects a capitation rate for each enrollee in other benefit plans. The NIPA doctors receive payment on a fee-for-service basis and do not have a contracted fee schedule.

Utilization review being developed

Both physician organizations are developing utilization review processes. The Western Illinois IPA is hiring a utilization review nurse this month to check claims and audit quality assurance. Meanwhile, NIPA "has developed five clinical protocols for the most frequently used diagnoses in their offices," said Sterling. NIPA is now accumulating data on the next five most-used diagnoses and 10 most-used surgical procedures, in order to design benefit plans and target over utilization. The hospital reviews inpatient utilization.

The protocols "are distributed on a quarterly basis and each applicable physician is asked to review 10 of their records; not just 10 within our program but any 10, without regard to whom the insurance is maintained by," he said. "We're trying to get this to the full community level."

NIPA does not have pre-certification of admissions or other treatment. "The employers haven't asked and I feel that pre-cert doesn't save anything," said Sterling.

Economics provide powerful incentive

The two physician organizations provide different, but not entirely dissimilar, rationales for their activities. In the case of the Western Illinois IPA, diversification was triggered in part by heavy losses for two years running, in the group's contract to provide health care for 35,000 individuals covered by the Heritage National Health Plan. That plan, which covers a subsidiary of the Moline-based Deere & Co., was the impetus for the creation of the IPA in the first place.

While the IPA still has no figures on profit or loss for 1989, Deere posted a $1.6 million profit for Heritage. The doctors lost $733,000 in 1988 when Heritage made $200,000, its first profit since forming in 1985.

In the case of the NIPA, that group was created as part of a plan for its physicians to join the Northwest Alliance, in response to concerns over escalating health care costs which were expressed by the local divisions or large corporations.

Freeport, said Sterling, is "unique in that we have 12 employers who have employee populations in excess of 250, all of which are self-insured." Not all are involved in the Alliance, he said, because of union contracts and relations with other organizations.

Costs have gone down and health care quality has improved significantly over the past five years, Sterling contended. Because of this, the medical inflation rate there—which he said remained below 10 percent in 1988—is well below national and regional averages.

Since this is the first full year of the program, he has no dollar comparisons. "But the average annualized cost through the third quarter for an employee was running below $1,900. Compare that to the national average, which is about $2,300 to $2,500."

Western Illinois IPA is using a software program called Managed Care Healthware, developed by Highland Health Care IPA in Lombard, to further its database plans to track cost and utilization.

But Western Illinois IPA has no intention of going "big business." "I'm a great believer that small is beautiful," Arnold said. ▲

Look at the fine print before getting involved

JUDEE Gallagher, a Chicago attorney concentrating in the representation of physicians, views independent contracting plans with caution and a dose of skepticism. "The initial savings of eliminating the 'middle man' (HMOs, PPOs and the like) will probably not be enough to satisfy employers in the long run," she contended. "Employers are looking for accountability and are examining the utilization rates for specific services, and asking providers to explain why some services are performed more frequently at one location than at another, or why one procedure is used in Chicago for a particular diagnosis, but a less-expensive treatment is used in the East."

Gallagher added that "Employers are also becoming more involved in 'quality assurance,' with some employers funding multi-million-dollar studies to determine reasonable ranges of quality medical practices, including expected outcomes by diagnoses and specialty."

"The more active the employer, the greater the risk"

The advantages perceived by the parties involved in such plans may or may not turn out to be those anticipated, said Gallagher.

"The legal and economic issues that complicate the contracting process are not that different than those encountered in HMO, PPO and IPA contracting, [such as] antitrust, regulatory, and insurance law issues, complicated payment questions and malpractice liability concerns," she said. "The more active employers become in health care decision-making, the greater the risk the employer will be a defendent in the range of lawsuits currently brought against providers and third-party payers.

"So 'indemnifications' which would shift that risk to physicians, sometimes show up in the contracts," Gallagher said. "Physicians should avoid 'indemnifications' because the exposure is not covered by malpractice insurance, placing the physicians at risk.

"I have also seen problems in employer/physician contracts regarding the confidentiality of medical records," she said. "In one contract, the employer had no responsibility to pay the physician for services rendered unless the physician had the patient sign a release of his or her medical records to the employer. This creates an unwarranted conflict of interest for the physician and increases the physician's liability exposure."

In the end, Gallagher said she hopes physicians will see the prospects for such arrangements in balanced perspective. "I do not believe this particular threatening approach is widespread," she concluded, "but physicians should be aware that as employers become more active in health care decision-making the confidentiality of medical records will continue to be a sensitive issue." ▲

Illinois Trends in Contracting: What Physicians Need to Know *Before* Signing

What's new in third party payor contracts? The Illinois State Medical Society (ISMS) is sponsoring a seminar to help physicians better understand the "legalese" of HMO, PPO and IPA contracts – and the many financial and liability issues they present:

- **How you could become personally liable for your contractor's malpractice**
- **What financial risks to watch out for in "point of service" plans**
- **What's behind the financial strength or troubles of IPAs**
- **Ten questions to answer before you sign any contract**
- **What to expect in contract negotiations**

The seminar will be conducted by Judee Gallagher, J.D., a Chicago-based attorney in private practice, and former retained counsel to the ISMS office of contractual services. Ms. Gallagher is author of *Before You Sign: A Physician's Guide to Provider Contracts*, which will be distributed at the seminar.

Seminar dates: Tuesday, June 5, 1990, 7-8:30 p.m., Oak Brook Hyatt, or Tuesday, June 12, 1990, 7-8:30 p.m., Lincolnshire Marriott

Registration is open to all ISMS members and their staffs at no charge. To register or obtain further information, contact the ISMS division of health care finance, (312) 782-1654 or 1-800-782-ISMS.

Free vaccines now available to physicians

Chicago physicians can obtain free measles, mumps and rubella virus vaccine (MMR) and other vaccines from the Chicago Department of Health (CDOH) by calling Walter Lasota, CDOH immunization program deputy director, at (312) 808-3780.

Physicians who wish to obtain free vaccine under the department's "Immunization Campaign 1990," will be given an initial starting vaccine inventory. Providers who wish to replace vaccine inventory thereafter will receive from CDOH a cover letter, a short contract outlining what CDOH will provide and what is expected of the provider, a physician certification form to indicate their average monthly usage for various vaccines CDOH distributes and an information form asking the provider's name, contact person, telephone number, hours of operation and languages they speak.

Physicians who contract with CDOH's program must administer the vaccine without charge and also must be willing to give school physical exams, including required laboratory tests at a maximum charge not to exceed $20. Once the physician signs on to the CDOH program, the Chicago Department of Human Services will match parents whose children are in need of a school physical with physicians in the same zip code. CDOH officials stress that the vaccine should be given to uninsured patients or those who can't afford the vaccine.

Other free vaccines CDOH will distribute include: diphtheria, tetanus, toxoids and pertussis vaccine (DTP), tetanus, diphtheria toxoids for adult use (Td, for 7 years of age and older), trivalent oral poliovirus vaccine (TOPV) and haemophilus influenza Type b vaccine (Hib).

As of May 14, CDOH has provided free vaccine to 50 physicians and 41 Chicago clinic facilities.

IDPA/IDPH replacement program

Under a joint "vaccine replacement program" by the Illinois Department of Public Aid (IDPA) and Illinois Department of Public Health (IDPH), Public Aid enrolled providers who immunize children ages 0-21 years may also receive free measles vaccine and more than a dozen other vaccines. Providers can obtain replacement vaccine by submitting a health insurance claim, Form DPA 2360, to IDPA, P.O. Box 19136, Springfield, IL 62794-9136. IDPA processes the invoice and the provider receives replacement vaccine from IDPH based on paid claims reported by IDPA to IDPH. Providers who wish to participate in the replacement program must file a signed "physician certification form" annually with IDPH, or they may continue to bill IDPA directly for vaccine reimbursement. Certification forms may be obtained by calling IDPH at (217) 785-1455. Providers can obtain more information on IDPA's vaccine replacement program by calling (217) 524-7121.

IDPA is also reimbursing Chicago health care providers who immunize Medicaid-eligible children aged 6-15 months for measles. Providers can obtain billing instructions about immunization by contacting IDPA at (217) 782-5567. ▲

Measles

(continued from page 1)

effort demonstrates "a very good working relationship between city and state health officials and the federal government."

The Centers' recent efforts to reduce the number of cases and deaths are not isolated to Chicago, Mize added. "Chicago is not the worst in the country; inner-city populations are tough to reach regardless of the city. The populations are hard to motivate and it's sometimes difficult for people to have good immunization accessibility. When you look at the distribution of measles, there are a few states and cities that seem to have more measles cases than anywhere else, such as New York, California, Florida and Texas."

Illinois' measles epidemic began in February 1989, with the first case reported in Peoria. The outbreak hit the city of Chicago the hardest with 2,232 confirmed cases last year and a dozen deaths. This year, CDOH has reported 393 confirmed measles cases in Chicago as of May 11, still higher than any other Illinois area. CDOH spokesman Tim Hadak said the city has reached an "unacceptable plateau," with 99 confirmed cases in February, 103 in March and 40 in April. Blacks have accounted for 70 percent of these cases, and Hispanics for 20 percent.

The measles epidemic peaked in Chicago last summer with 510 cases occurring in July 1989, leading to an intensive five-week control effort by CDOH and state health officials. "We were able to cut off the epidemic at its knees," recalled Richard Biek, M.D., CDOH deputy commissioner. "We would have had a thousand measles cases in August if we hadn't done anything; instead, we had some 200 cases. Although it's no longer an epidemic, we are getting to the point where we might have to say it's endemic, it may go on indefinitely unless something further is done."

CDOH recommends children be immunized at 12 months of age, and Illinois law requires their immunization before entering the fifth grade. CDOH recommends that children in high-risk areas be immunized at six months, with a repeat measles, mumps and rubella immunization at 15 months. Zip codes the department considers high-risk are 60608, 60609, 60612, 60615, 60616, 60620, 60621, 60622, 60623, 60624, 60628, 60636, 60637, 60640, 60644, 60647, 60649, 60651 and 60653.

"Kids need to be immunized when they're at the highest risk and not wait until they get into school, which seems to be the case. Measles spreads much more quickly when children are exposed to one another in school," said Dr. Biek.

Private physicians' help sought

Dr. Biek urged physicians to check their patients' immunization records and make sure they are brought up to date with proper immunizations. "Because the vast majority of people see a doctor from time to time, physicians should make it a routine procedure at every encounter to check a patient's immunization record and make sure they are immediately brought up to date on whatever vaccine they need."

Mize urged private physicians to use their encounters with eligible children who are 15 months of age to immunize them with all vaccines simultaneously on the same visit. "Many kids don't come back after the age of two until they start school. In many instances, they miss some of the immunizations they need."

To help further assess how physicians can help, CDOH has sent Chicago pediatricians and family practice physicians questionnaires asking them whether they routinely immunize their patients; whether patients are referred elsewhere for their immunizations; or whether patients must return at a later appointment for their immunizations. CDOH is urging physicians to fill out the form and return it to the department.

Dr. Krieg said more than 64 percent of vaccinations are given by private physicians. Whitney W. Addington, M.D., CDOH president, expressed concern that there are a large number of children under age five who are not being seen by private physicians.

"It's going to require a lot of motivation by patients to make some determination about how well their children are immunized and then seek out immunization, whether it's at the public health department or it's in a private physicians' office," said Mize.

Dr. Biek said CDOH has asked local churches to donate their facilities for two hours a month as immunization sites. "Every place we've asked has said yes. But the problem is finding nurses and doctors to give the shots. We may have to train and certify technicians instead." Dr. Biek added that CDOH will work with the Chicago Medical Society to seek out physicians willing to donate their time. ▲

Driver's license

(continued from page 1)

the Driver License Medical Advisory Board to the direct supervision of the Illinois Secretary of State from the Illinois Department of Public Health (IDPH), where it is currently housed. The bill also calls on the Secretary of State and the Driver's License Medical Advisory Board to mount a widespread educational campaign detailing when and how to report drivers with serious medical conditions to authorities.

Finally, the bill amends the Illinois motor vehicle code to expand the medical grounds for refusing to issue or renew a driver's license. Currently, the code generally permits the Secretary of State to deny a license if he determines a "person by reason of physical or mental disability would not be able to operate a motor vehicle with safety upon the highways." However, the code only names epilepsy as specific grounds for denial of a license. The bill would add "such other medical conditions which would impair a person's ability to operate a motor vehicle."

"We are also asking the Secretary of State to include on the driver's license application more thorough questioning about any pertinent health problems the applicant might have," said Bugielski.

In addition, a joint resolution, H.J.R. 133, asks IDPH to conduct an exhaustive review of the medical criteria used to determine whether drivers are impaired by physical, mental or medical conditions. At press time, the resolution was still in committee.

James J. Harasek, 59, the driver of the car involved in the May 5 accident, was treated at MacNeal Memorial Hospital in Berwyn and released one week after the accident. When Harasek renewed his driver's license on January 24, 1989, he did not indicate he suffered from any condition that might interfere with his ability to safely operate a motor vehicle, according to Jim Graham, a spokesman for Secretary of State Jim Edgar.

But Graham said Harasek's license was suspended on May 14 after the Cook County State's Attorney's office provided evidence supporting its request for the suspension. Before Harasek's license can be reinstated, his physician will have to certify that Harasek is able to drive safely, Graham said.

Voluntary reporting currently legal

"Current law already allows medical practitioners, police officers and judges to report drivers with impairments," said Kubik. "But not many of these groups know they have the ability to report, or the specific criteria which would warrant it," he added. The educational campaign will target the three above-cited professions, and add a new provision to include state's attorneys in the reporting process.

"Reporting would still be voluntary," stressed Ronan, "but we feel an ongoing educational effort is necessary to improve a system already in place. We are confident this educational effort will work to prevent future tragedies." Those making voluntary reports under current law are granted civil and criminal immunity.

"The [driver license] advisory board is the foundation for preventing many motor vehicle tragedies," explained Ronan. "Transferring it to the Secretary of State will make for better coordination and information exchange."

The advisory board consists of nine physicians representing different specialties who evaluate drivers whose licenses have already been suspended as a result of an accident because the secretary of state's office has determined a medical impairment may have contributed to the accident's cause.

"For example, if Harasek came back to us with a statement from his doctor saying he could drive safely," said Graham, "in light of the [May 5] accident and other information we now have, we would turn his case over to the medical advisory board."

Leslee Stein-Spencer, the head of IDPH's division of emergency medical services and highway safety, said the advisory board never meets as a whole. Instead, cases referred to it are handled individually by a single member of the board. The board member evaluates the case and makes a recommendation on whether to reinstate the license. Stein-Spencer said the board handles roughly 1,200 cases per year, but she could not say how many license reinstatements the board recommends. ▲

Infant blood typing repeal reaches Illinois Senate floor

Legislation that would repeal section 73-11(c) of the Illinois Vital Records Act, the requirement for hospitals to file by certificate or birth record with the State Registrar of Vital Records specification of a newborn's blood type, passed the Illinois House May 4 and awaited Senate action at press time.

Last year, the Illinois State Medical Society (ISMS) governmental affairs council approved a motion for ISMS to support legislation repealing the current Illinois law, which requires infant blood typing to be placed on birth certificates. The ISMS Board of Trustees approved that effort, which led to H.B. 3694.

Richard Sassetti, M.D., chairman of the ISMS Blood Banking and Laboratory Services Committee, said newborn blood types can be invalid because a test for the presence of antigens on the red cell surfaces are initially weak but strengthen over the next six months, and mothers with RH negative factor blood routinely receive antibodies during the later part of their pregnancy. The antibodies can interfere with the infant's blood, again producing a false blood type.

"A newborn may have a very weak expression of the A or B antigens on the surface of the red cells. When one types those red cells, a weak reaction might be misread as a negative reaction, allowing the child to be typed as an O when he or she is really an A or AB," he added.

Rep. Peg McDonnell Breslin (D-Ottawa), sponsor of the bill said, "The earlier legislation did not accomplish its initial goal. Newborn infant blood typing was primarily instituted by the Illinois General Assembly as a means of identifying children to combat abductions in child abuse cases. We have since learned from ISMS and one of my physician constituents that typing of infants is not definite until the infant is between six and eight months old.

"In other words," Breslin said, "we could well have been putting on incorrect types on birth certificates, thus hampering enforcement of the law and child abduction investigations."

H.B. 3694 passed the House with a unanimous vote of 113-0. ▲

Provident

(continued from page 2)

where. Implementing legislation had been introduced in the General Assembly, but the Chicago *Sun-Times* reported May 11 that Gov. Thompson said implementation of the recommendations this year would be "difficult." In addition, while Chicago Mayor Richard Daley is said to be supportive of the report, Cook County Board President George Dunne has been openly critical of the summit recommendations, especially the establishment of a Cook County Health Care Council and the 14 community health boards.

And the *Chicago Tribune* reported that city and state officials were discussing ways to implement those recommendations that did not require either state legislation or the county's cooperation. ▲

Civil Immunity

(continued from page 2)

pitals establish dispute resolution mechanisms to mediate disputes that may arise in such cases.

But while the task force recommended immunizing physicians participating in such cases from criminal liability, the report contains no recommendation regarding civil liability because the task force could not reach consensus on the issue. The task force was chaired by Chicago attorney Philip H. Corboy.

The task force report came in the wake of the 1989 Rudy Linares case, in which Linares disconnected his 15-month-old son's respirator while holding hospital workers at gunpoint. A grand jury declined to indict Linares, but Partee convened the task force to devise consistent standards for handling such cases. ▲

OLS

(continued from page 3)

AIDS . . . H.B. 3998, sponsored by Rep. Penny Pullen (R-Park Ridge), which would allow a physician to notify the spouse of a patient whose AIDS test result was positive, was awaiting a vote in the House at press time.

Other bills . . . Other legislation of interest to ISMS members includes the following: H.B. 2560, sponsored by Rep. Gordon Ropp (R-Bloomington), which would require securing a patient's permission before allowing x-rays to be read by a radiologist, failed to clear the Human Services Committee.

H.B. 1740, which was sponsored by Rep. Phelps, and would have created a midwifery practice act, stayed in committee.

H.B. 2074, providing for the licensing of professional counselors, was awaiting a vote in the House. The sponsor is Rep. Jack Kubik (R-North Riverside).

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago–Seeking director, full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with anuual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

General internal medicine (experienced or new grad.) with or without sub-specialty, in Rockford, IL, population of about 250,000. Available mid-summer 1990. Outstanding opportunity to take over an established general practice. Located with small single specialty group in new office huilding adjacent to 400-bed regional referral center. Overhead paid and very generous salary/benefit package guaranteed for two or more years. Relocation expense paid. Minimal HMO. Low or no interest loans available. Send CV to: Lynn Clayton, The Furst Group, 5217 Wayzata Blvd., Suite 125, Minneapolis, MN 55416; or call 1-800-728-6032.

Family practitioners, east central Illinois. Immediate openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice (group or solo). Attractive support package including benefits. Small, friendly community of 10,000, family oriented environment. Service area of 30,000 people. Located three hours from both Chicago and St. Louis, 90 minutes from Indianapolis, IN. Exceptional recreational, cultural, and educational opportunities. Modern, well-equipped, 49-bed, JCAH accredited facility. Contact: John M. Dillon, Administrator, Paris Community Hospital, E. Court St., Paris, IL 61944; (217) 465-4141.

Medical center seeking physicians to work part time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call 708/390-0300 or 708/390-9300.

Minnesota—lakes and trees. Family physician to join five others in progressive multi-specialty group including internal medicine and surgery. Outstanding 42 bed district hospital with 130 bed long term care facility. Excellent schools and services with easy access to metro area. Guaranteed salary, full benefits, and bonus. Position available immediately, for confidential consideration and further information, contact: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect: 612/454-7291.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparascopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820.

Missouri family practice group seeks fourth physician, BC or BE, for historic community with two private colleges, near major university and medical center. Beautiful area. Recreation and cultural activities. Guarantee and other benefits. Reply in confidence to Mary Murphy, Jonas Physician Search. 1-800-544-6728.

Family practice. Busy, growing practice needs BC/BE family physician to join well established practice. Prestigious western suburban hospital nearby. Excellent community in west Chicago suburbs. Exceptional salary and benefits. Partnership available upon agreement. Contact: Sherie Everhart, 708/766-6300.

Wanted. Qualified MD in specialty of internal medicine or pulmonary medicine to work part-time or full-time in hospital based practice. Good remunerations. Send reply to Gupta, 1601 Midwest Club, Oak Brook, IL 60521.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108, 1-800-443-3901.

Pediatrician: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE pediatrician to join department of 17 BC/BE pediatricians. Two year guarantee plus comprehensive benefit package offered. The community offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Need medical oncologist in practice to associate with cancer center. Write to Box 2172, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Rheumatologist: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE rheumatologist to join a department of three BC rheumatologists. Two year guarantee plus comprehensive benefit package offered. This area, which encompasses Appleton, Neenah, and Oshkosh with a combined population of 300,000-plus, offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

OB/gyn—family practice—general surgery—internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc., 12724 N. Maplecrest Lane, Mequon, WI 53092, 1-800-243-4353.

Large hospital based neonatology group practice has openings for full and part-time board eligible and/or board certified neonatologists and pediatricians. Practice currently serves 12 community and two tertiary metropolitan Chicago hospitals. Excellent salary and benefits program includes malpractice insurance. For more information contact John Hylton, Director of Operations, Neonatal & Pediatric Services, S.C., 2115 Butterfield Rd., Oak Brook, IL 60521; 708/916-8900.

Internist—great opportunity! Very busy, young solo internist seeking ambitious associate. Family oriented community on Lake Winnebago with a population of 40,000. No HMOs or PPOs. A unique opportunity for someone who is genuinely interested in internal medicine and in its subspecialties. An interest in critical care would be of importance. Send CVs to Michael Sergi, M.D., 14 N. Main St., Fond du Lac, WI 54935.

ENT—Effingham, Illinois. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Physician, MD/DO: family practice. Established family health care practice of three years in western suburb of Chicago associated with hospital offers full-time position, competitive salary, plus availability of four-bedroom house in Hinsdale for board certified/eligible physician. Candidate should have excellent interpersonal skills and ability to build upon a quality family practice. Send curriculum vitae in confidence to: Robert R. Briney, M.D., Medical Director, Suburban Hospital, 55th and County Line Rd., Hinsdale, IL 60521; telephone 708/323-5800, ext. 2176. Affiliated with Rush/MacNeal Hospitals. An equal opportunity employer.

Physican wanted. Pediatrician, with or without training in allergy, to join rapidly expanding solo practice near Chicago. Excellent oportunity. Reply to Box 2171, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General Surgeon—BC/BE to join multi-specialty group in southern Illinois serving population of about 20,000. Within 20 miles of Southern Illinois University Medical School, 120 miles from St. Louis, Missouri and 45 miles from Paducah, Kentucky. Modern 40 bed hospital with x-ray, lab, CT scan, ultrasound and special care unit. Must be willing to do some primary care. (No OB). Guaranteed income with all practice expenses paid plus incentive. Write: E. A. Helfrich, Administrator, Union County Hospital, Anna, IL 62906; 618/833-4511 call collect.

The Department of Family and Community Medicine, University of Illinois College of Medicine, Rockford, is expanding and seeks applications for full-time clinical faculty as instructors in family practice residency or undergraduate ambulatory care teaching facilities. Responsibilities include teaching, patient care and research. ABFP board certified/eligible. Teaching and practice experience preferred with OB optional. Salary/rank commensurate with experience. Competitive salary/fringe benefits. Inquiries and CV to L.P. Johnson, M.D., 1601 Parkview Ave., Rockford, IL 61107. For fullest consideration submit application by July 1, 1990. The University of Illinois is an equal opportunity affirmative action employer.

Family physician—well equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five-room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone 618/285-6634.

If you are interested in a lucrative orthopaedic practice in a community with a well managed, up-to-date hospital, a qualified and supportive medical staff, and a competitive start up compensation package, please call Lonnie Belden collect at 719/637-4322 or write to E.G. Todd Associates, 1670 N. Newport Rd., Suite 300D, Colorado Springs, CO 80916.

Lucrative practice opportunity for internist who enjoys rural lifestyle. Excellent hospital, peer association and quality of life. Competitive start up compensation package including an income guarantee, malpractice, relocation reimbursement and more! Please call Lonnie Belden collect at 719/637-4322 or write to E.G. Todd Associates, 1670 N. Newport Rd., Suite 300D, Colorado Springs, CO 80916.

Family practitioners. We are a full service medical center with immediate full and part-time openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice. We are located in a small community just outside the Chicago Loop area with easy access to expressway and our affiliated hospitals. We offer flexible hours with an attractive compensation package, including benefits. For confidential consideration please submit curriculum vitae and resume to Box 2173, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internist—third internist to join very busy progressive 20 man multi-specialty group in historic midwest community. Fully equipped 120-bed hospital with plans for new facility, excellent school system, many recreational and civic activities. Competitive starting salary and benefits package with productivity bonus and partnership potential. Call Cheryl Broderick, E.G. Todd Associates, 1-800-762-9213 or collect 508/688-9063.

OB/gyn—fourth OB/gyn to join very busy 20 man multi-specialty group in a historic midwestern town. Birthing rooms and 24 hour anesthesia availability. Fully equipped 120-bed hospital, many recreational and civic activities. Competitive starting salary and benefits package with productivity bonus and partnership potential. Call Cheryl Broderick, E.G. Todd Associates, 1-800-762-9213, collect 508/688-9063.

Family physician. Fifth FP sought to join progressive 20 man multi-specialty group in historic midwest community. Fully equipped 20-bed hospital with plans for new facility, excellent school system, many recreational and civic activities. Competitive starting salary and benefits package with productivity bonus and partnership potential. Full range of sub-specialists available. Call Cheryl Broderick, E.G. Todd Associates, 1-800-762-9213 or collect 508/688-9063.

Family physician needed for lovely northeast Indiana town. Large coverage group, low malpractice; OB optional. Excellent income guarantee and benefits combined with bucolic lifestyle and modern progressive hospital make this a unique opportunity. For more information contact Cheryl Broderick: 1-800-221-4762 or collect 212/599-6200.

Orthopedic surgeon—second orthopedic surgeon sought to join very busy 20 man multi-specialty group in midwest community. Interest in back surgery a plus. Fully equipped professionally staffed PT department at 120-bed hospital; excellent school system, many recreational and civic activities. Competitive starting salary and benefits package with productivity bonus and partnership potential. Call Cheryl Broderick, E.G. Todd Associates, 1-800-762-9213 or collect 508/688-9063.

Lucrative practice opportunity for radiologist who enjoys rural lifestyle. Excellent hospital, peer association and quality of life. Competitive start up compensation package including an income guarantee, malpractice, relocation reimbursement and more! Please call Lonnie Belden collect at 719/637-4322 or write to E.G. Todd Associates, 1670 N. Newport Rd., Suite 300D, Colorado Springs, CO 80916.

Internist, BC/BE, Rockford, IL. Solo practice, three man call, stable, active practice, transition with retiring physician. Medical center assistance. Call collect, Joanne Zenisek, 815/226-0220.

Family practice–The Sterling/Rock Falls Clinic, a 31-physician multispecialty group seeks two family practitioners for satellite clinics. Each site affords the opportunity to be busy from day one and has the full support of each community and physicians at the main clinic. Located among the rolling hills of a beautiful river valley and rich farmland, there is easy access to the Quad Cities, Rockford, Peoria and Chicago as well as superior quality of life. Excellent first year guarantee and benefits. For additional information call Diane Dieringer at Caswell/Winters 1-800-332-0488 (414/359-1111 in Wisconsin).

Internal medicine–The Sterling/Rock Falls Clinic, a 31-physician multispecialty group, seeks an internist to join five others. One internist will retire in January 1991; a busy practice can be assured in a recently remodeled contemporary clinic adjacent to a fully accredited 135-bed hospital. Sub-specialty interest in PUD, ID, or RHU would be a bonus. The cities of Sterling/Rock Falls are nestled in the wood Rock River Valley and offer outstanding quality of life and access to the Quad Cities, Rockford, Peoria and Chicago. Excellent guarantee and benefits. Call Tom Puccio at Caswell/Winters, 1-800-332-0488 (414/359-1111 in Wisconsin).

Pediatrician–The Sterling/Rock Falls Clinic, a 31-physician multispecialty group, seeks a pediatrician to join four others. A senior pediatrician will retire once the new physician is established, assuring a very successful practice. Over 700 deliveries are performed yearly at a fully accredited 135-bed hospital adjacent to the recently remodeled clinic. High risk care is provided in Rockford, Peoria and Chicago. The twin cities of Sterling and Rock Falls offer excellent access to four major Illinois cities as well as Wisconsin and Iowa. Excellent guarantee and benefits. For additional information, call Jean Hollweck at Caswell/Winters, 1-800-332-0488 (414/359-1111 in Wisconsin).

Minnesota/Wisconsin: dermatology, family practice, psychiatry, surgery, locum tenens. Urban and rural locations, single specialty and multispecialty groups, strong hospital support. Contact: LifeSpan Health Care Services, 800 E. 28th St., Minneapolis, MN 55407; 612/863-4193, ask for Jerry Hess.

Time for living! Time for family, children, traveling, hobbies, sports, hiking, music, boating, art, skiing, community activity. Madison Ambulatory Care Center: outpatient family practice, occupational health. Approximately 25 hours per week, very flexible scheduling. Salary $30,000 plus paid health, life, malpractice, 401K (total package worth in excess of $40,000). Contact David Goodman, M.D., MedicEast, 2810 E. Washington Ave., Madison, WI 53704; 608/244-1213.

General surgeon needed for growing northeast Indiana town 40 miles from Fort Wayne. Join existing practice or enjoy coverage arrangement only. Excellent income and benefits package, office subsidy, low malpractice. Small town living with big city advantages. Contact Cheryl Broderick at 1-800-221-4762 or collect at 508/688-9063.

Nationwide practice opportunities. All specialties. Fees paid by clients. Call: Wanda Parker, E.G. Todd Associates, Inc., 535 Fifth Ave., Suite 1100, New York, NY 10017. 800/221-4762, or 800/599-6200.

Situations Wanted

General practice and general surgery. Seeking position solo practice in GP/GS, sponsored by a JCAH Hospital, not HMO. Illinois license, American Board eligible in surgery. Available now. Write: 10 Cottonwood, Apt. 811, Canyon, TX 79015.

Internist (BC) seeks part-time position Chicago northern suburbs. Reply to Box 2169, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Locum coverage available. Board certified licensed radiation oncologist. Reply to Box 2151 c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General practitioner seeking part-time position for practice in north central Illinois. Reply to Box 2155, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Primary care solo practice. One hour from Chicago. Completely equipped, staffed and computerized. Established since 1981. Excellent patient base. No HMOs. Hospital nearby. Call 815/786-9767.

Dental office—beautiful office in prestigious modern building. Excellent busy location. Three exam rooms, lab, private office, washrooms and parking. Waukegan, IL; 708/244-8340.

Primary care practice, fully equipped office: two examining rooms, lab, and x-ray. College town—10,000 students. Near modern certified hospital. Nice location, industry, and agricultural area. Good established practice. Call 217/345-5030 or 7017.

Golf course—Wisconsin Dells, WI area. $375,000. Adjoining 600 acres available. Jeanine Lehman, PO Box 26796, Austin, TX 78755; 512/452-3911.

Oak Brook. Exquisite country French home with tennis court. Five bedrooms, library, 3 1/2 baths, finished basement, three car garage. Hinsdale district. 708/325-4376.

200 MA Westinghouse x-ray machine, fully equipped. Priced reasonably. Call 618/532-7311.

Used Medical equipment. Colposcope and colposcopic instruments. Call 815/725-2898.

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Bellevelle hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Elgin, Illinois: office space available in medical building. Two suites 400 or 850 square feet. Located two blocks from hospital. Call Dorothy O'Malley, 708/741-0200.

Office space available in prime location! In Skokie near Edens expressway and Dempster Street (public transportation). Ample parking. For information please call Walter Vla at 708/967-1067.

Miscellaneous

Attention—hiring! Government jobs—your area. $17,840-$69,485. Call 602/838-8885 ext. R-17390.

Attention: Earn money reading books! $32,000/year income potential. Details. 602/838-8885 ext. BK-17390.

Attention: Earn money typing at home! 32,000/year income potential. Details. 602/838-8885 ext. T-17390.

Attention: Easy work, excellent pay! Assemble products at home. Details. 602/838-8885 ext. W-17390.

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public-Aid, HMO's or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Now available—manual on Illinois state and federal regulations affecting physician office laboratory testing. 150 pages of information with step-by-step instructions on how to comply with the law. To order your copy send $125.00 to Med-Sources, 1080 Nerge Rd., Elk Grove, IL 60007. Tel. 708/351-1770.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing. Computerized system can be customized to meet the needs of your practice. Accurate ICD-9 and CPT coding. Insurance filing and follow-up. Financial reports showing practice analysis. Contact Golden Office Management, Inc., 3317 W. 95th St., Evergreen Park, IL; 708/423-7778.

SMC: POL consulting; quality assurance is quality care. Laboratory compliance: federal and state regulation; quality control programs, safety, procedure manuals, instrument maintenance logs, correlation analysis. Complete laboratory evaluation. Free POL assessment. 312/882-4526.

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE

707 South Wood Street
Chicago, IL 60612

ACCME Accredited

June — September, 1990

- ☐ Flexible Fiberoptic Sigmoidoscopy
  June 2, 1990
- ☐ Fiberoptic Colonoscopy
  June 6 - 8, 1990
- ☐ Urologic Surgery Workshop: New Operative Techniques
  June 7 - 9, 1990
- ☐ Fiberoptic Esophagogastric Endoscopy
  June 11 - 13, 1990
- ☐ Practical Strategies in Primary Care, 1990
  June 25 - 29, 1990
- ☐ Specialty Review in Nuclear Medicine
  July 16 - 20, 1990
- ☐ Specialty Review in Emergency Medicine
  July 23 - 28, 1990
- ☐ Office Management of Infectious Disease
  July 25 - 27, 1990
- ☐ Specialty Review in Pediatrics
  July 29 - August 4, 1990
- ☐ Specialty Review in Internal Medicine
  August 5 - 12, 1990
- ☐ Pediatric Surgery and the General Surgeon
  August 9 - 11, 1990
- ☐ Specialty Review in Surgical Critical Care
  August 13 - 17, 1990
- ☐ Specialty Review in General Surgery, Part I
  August 20 - 31, 1990
- ☐ Gynecologic Surgical Techniques
  August 23 - 25, 1990
- ☐ Neurosurgery Symposium
  September 14 - 15, 1990
- ☐ Specialty Review in Dermatology
  September 17 - 21, 1990
- ☐ Subspecialty Review in Infectious Disease
  September 24 - 28, 1990
- ☐ Subspecialty Review in Pulmonary Disease
  September 24 - 28, 1990

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____

Address _____

City _____

State _____ **Zip** _____

Call toll-free today!

1-800-621-4651

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

NATIONAL LIBRARY
JUN 4 1990
OF MEDICINE

NEWLY PRACTICING PHYSICIAN DISCOUNT

REDUCES YOUR PROFESSIONAL LIABILITY COSTS AS YOU ESTABLISH PRACTICE.

IF YOU ARE A PHYSICIAN ENTERING PRACTICE FOR THE FIRST TIME, OR ENTERING A NEW PRACTICE SPECIALTY UPON COMPLETION OF MEDICAL TRAINING, YOU WILL BE ENTITLED TO A REDUCED PREMIUM FOR THE FIRST TWENTY-ONE MONTHS OF PRACTICE.

The Exchange is physician owned and operated, supported by a staff of insurance professionals. We provide superior advocacy service. We are committed to the Illinois physician.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians **since 1976.**

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

W1 IL417L
V.2 NO.12 1990
C.D1--------SEQ: SR0063601
TI: ILLINOIS MEDICINE

Members and friends wish ISMS a happy 150th . . . 12

Illinois Medicine

June 8, 1990

ILLINOIS STATE MEDICAL SOCIETY

Senate passes life-sustaining treatment bill

by Kevin O'Brien

A DEATH-WITH-DIGNITY bill which includes an amendment granting civil immunity to physicians passed the Illinois Senate 33-19 on May 24. The bill, S.B. 2213, outlines the circumstances under which life-sustaining treatment can be withheld from terminally ill patients without first going to court.

Included among the treatments specified is the withdrawal of nutrition and hydration. The Illinois State Medical Society (ISMS) House of Delegates at its April annual meeting voted to push for legislation permitting the withholding of nutrition and hydration under certain circumstances.

The civil immunity amendment, supported by ISMS, grants immunity from both civil liability and criminal prosecution to physicians and others who participate in good faith decisions to forgo life-sustaining treatment. The original bill granted immunity from criminal prosecution, but was silent on the question of civil immunity.

The legislation is the result of a task force report on the forgoing of life-sustaining treatment commissioned last year by Cook County State's Attorney Cecil A. Partee in response to the Rudy Linares case. In April 1989, Linares disconnected his 15-month-old son Samuel while holding medical personnel at Rush-Presbyterian-St. Luke's Medical Center in Chicago at gunpoint. A grand jury declined to indict Linares, but Partee said guidelines for handling future such cases were necessary.

"I'm delighted that the bill is out of the Senate and is now in the House for consideration," Partee said through a spokesman. "It's an excellent bill and deserves passage."

"This bill goes even farther than the task force recommendations, in

(continued on page 21)

SPECIAL ANNIVERSARY ISSUE

HAPPY 150th!



Natalie Wargin Design

The Illinois State Medical Society at 150: a proud past and a committed future

ON JUNE 9, the Illinois State Medical Society (ISMS) celebrates its 150th anniversary. Springfield, 1840, was the setting of ISMS' first meeting, at which 12 of the state's physicians embarked on a concerted effort to maintain and improve quality medical care for Illinois patients. Today, ISMS counts more than 18,000 members, including practicing physicians, residents, students and retired physicians. Through ISMS' Chicago and Springfield offices, and the efforts of grass roots members statewide, Illinois physicians continue to advocate high standards in medical practice.

Today's Illinois physicians fight diseases such as AIDS and cancer just as yesterday's physicians fought cholera, typhoid, tuberculosis, and polio. Physicians continue to work long hours and take great risks to save patients, just as their predecessors 150 years ago braved frontier conditions, the elements and wars to give medical care. Today, ISMS physicians volunteer countless hours of council and committee work; they lend their time and expertise to federal, state and local governments for the good of the public health and for the sake of their patients.

Physicians today remain at the forefront of involvement on health issues affecting the larger community. A glance at this or any *Illinois Medicine* demonstrates the degree and passion of their commitment to the welfare of Illinois patients. As health care issues remain at center stage in the 1990s, physicians will continue fighting on behalf of patients and contributing their valuable insights.

Looking back on 150 years of achievements, Illinois physicians can be proud. At the same time, the ISMS sesquicentennial signals a time of renewed commitment on the part of the organization and its members to patients and the public in the coming decades. ▲

Tuscola hospital closes

SIX AND A HALF months after county residents rejected a tax proposal to fund Douglas Jarman Memorial Hospital in downstate Tuscola, the Douglas County Board turned down May 29 a joint venture arrangement that might have kept the hospital's doors open.

As a result, the hospital, beset by low utilization and high Medicare/Medicaid volume, issued a notice May 29 that it was ceasing patient care operations as of June 1, forcing area residents to travel 25 miles northeast to Champaign-Urbana or 25 miles south to Mattoon for hospital services. The closing was the eighth downstate hospital closing since 1986.

In a 6-1 vote, the county board axed a plan which would have allowed California-based Strategic Healthcare Planners, Ltd. (SHP) to lease the 58-bed Jarman Memorial Hospital for $1 a year for up to 100

(continued on page 22)



Wm. Daniels/The Photo Partners

Chicago Mayor *Richard M. Daley voiced his support for the Chicago and Cook County Health Care Action Plan at a May 29 news conference. See story page 22.* ▲

In this issue

Hillsboro Hospital sees administrator leave 2
Clinical social workers push reimbursement bill 2
The Exchange examines orthopedic claims 6
AIDS ad campaign hits TV ... 8
Rockford May Day Clinic looks at ethics, RBRVS 9
Health worries stall Macon County ash ski hill plan 10
Public health report 14
Illinois mayors greet ISMS 17

NATIONAL LIBRARY
JUN 2 1 1990
OF MEDICINE

Hillsboro Hospital administrator leaves, doctor returns

by Diane Oltman Ayers

A TOP administrator has resigned and a leading physician has returned to Hillsboro Hospital, apparently ending a two-month dispute between doctors and the hospital board.

At its May 9 meeting, the board accepted the resignation of chief hospital administrator Brian McDermott, and seated one of two physicians who will fill permanent slots on the board. McDermott's ouster was one of the goals of a month-long walkout begun March 15 by six of the hospital's nine practicing physicians. Citing their exclusion from key hospital decisions, the doctors demanded the removal of McDermott and several board members, the audit of certain hospital programs and the seating of physicians on the board.

Five of the six physicians returned to the hospital in April, after an accord was reached at the board's April 16 meeting. While both sides declined to discuss specifics, the agreement reportedly included a promise of two board seats for doctors and review of McDermott's contract, which expires this year.

Five of the six doctors resumed admitting patients to the hospital. But



Brian McDermott, Hillsboro Hospital chief administrator, resigned last month, apparently ending conflict between the hospital and six physicians.

family practitioner Roger McFarlin, M.D., a 19-year Hillsboro veteran and the hospital's leading admitting physician, refused to return.

The physicians had charged that McDermott excluded them from key planning decisions and refused to represent their views to the board.

But McDermott said the doctors did not understand the problems involved in business management of the hospital—including the need for centralized decision-making.

The hospital board has repeatedly stated its support for McDermott, who is credited with bringing the hospital out of debt into solvency in his three years as chief administrator.

Local sources have confirmed that McDermott submitted his resignation May 7, claiming the April 16 agreement had stripped his powers and the board had, in effect, agreed to fire him.

McDermott could not be reached for comment, but sources said he will leave Hillsboro Hospital after June 7 to accept a similar post elsewhere.

At its May 9 meeting, the board accepted McDermott's resignation and formally seated Robert Mulch, M.D., to fill one of three board vacancies. The board has not confirmed the seating of a second physician, Joseph Dickstein, M.D.

The board said a professional hospital management firm will be hired to run the facility. Administrative assistant Liz Huber is assuming McDermott's duties in the interim.

Dr. McFarlin told *Illinois Medicine* that he refused a seat on the hospital board, but will resume admitting patients. He will also remain on staff at St. Francis Hospital in Litchfield, where he served during the walkout.

While the hospital is returning to normal, Dr. McFarlin contended, many problems still remain unresolved. McDermott's resignation is "a step in the right direction," Dr. McFarlin said, "but there's still a long way to go."

There has been no review of controversial programs, including construction of a $500,000 outpatient clinic, Dr. McFarlin said. No audits have been done and no board members have been removed.

"We're still a long way from what we were asking," Dr. McFarlin said. "It's far from over, and I don't even know if it's a salvageable situation. He [McDermott] was just the symptom. You still have a board that doesn't run the hospital in a truly medical-business fashion."

Dr. McFarlin said he will resume admitting local patients who request to use Hillsboro Hospital where his admitting privileges are restored. But he said the board has told him he will have to be "recredentialed" first.

While his working relationship with other doctors is "as good as ever," Dr. McFarlin said he will never return all his practice to Hillsboro Hospital. While immediate problems have been solved, Dr. McFarlin said "too many bad feelings" caused by the boycott may never heal.

But local observers say the doctors have made their point—that physicians can't be excluded from hospital decision-making.

"It came down to politics and personal dynamics," explained local newspaper editor John Galer. "When you have an outsider [McDermott] up against a group of local doctors, it's pretty sure who's going to win in a showdown." ▲

Psychiatrists, other physicians stress quality of care

Clinical social workers push bill calling for direct reimbursement

by Diane Dannenfeldt

QUALITY OF CARE, cost containment and freedom of choice are among issues being raised in the current legislative battle over whether clinical social workers should be reimbursed directly by insurers.

At the center of the controversy over the last few weeks has been S.B. 1510, sponsored by Sen. Emil Jones Jr. (D-Chicago). The bill would amend the Illinois insurance code by adding clinical social workers to psychiatrists and psychologists as providers of mental health treatment or services for whom insurers can provide direct reimbursement. The Senate passed the bill May 18; it now awaits action in the House.

The bill's opponents include the Illinois Psychiatric Society (IPS), representing 1,500 psychiatrists; the Illinois State Medical Society (ISMS), representing 18,000 physicians, including psychiatrists; and the Illinois State Chamber of Commerce, the Illinois Manufacturers Association and the Illinois Life Insurance Council.

IPS and ISMS argue that psychiatrists, who are trained to diagnose the pathology of illness, should manage the care of mental health patients. It is also clear that the bill's passage would signal another step toward independent practice for the social workers.

"If a patient needs family or behavioral counseling, the psychiatrist may refer him or her to social workers, who usually are employed by an institution, a psychiatrist or an institution under a psychiatrist's direction. That's the safest and most proper way of referring patients," said James H. Andersen, M.D., ISMS president.

Quality of care a big concern

Quality of care is a key concern for physicians, who cite cases in which treatment for organic causes, such as brain tumors, has been delayed because a social worker failed to notice symptoms. "We have to be very careful that medical screening is done first," said Jerome Beigler, M.D., a co-chairman of IPS' governmental affairs committee.

In addition, delay of treatment or use of more costly services, such as nursing homes, can unnecessarily raise the cost of health care services, Dr. Beigler said, adding, "We take strong exception to health resources

(continued on page 22)

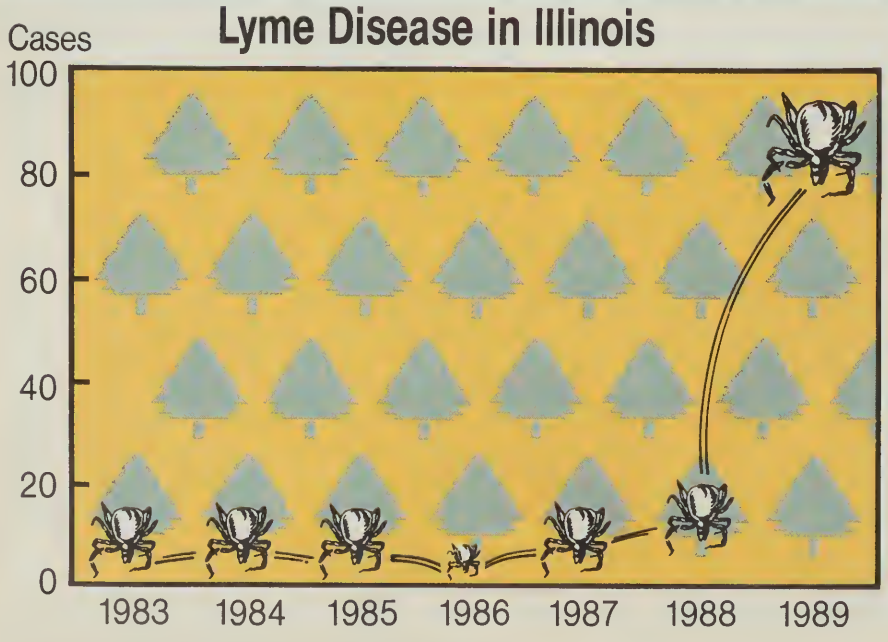


Mark Steinberg, Ph.D., of the ISCSW, called for direct social worker reimbursement.



Jerome Beigler, M.D. of IPS recommended initial medical screenings for patients.

Physician Facts



Source: Illinois Department of Public Health

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

On the Legislative Scene

by Caryl Carstens



AS THE ILLINOIS General Assembly enters the final month of its spring 1990 session, a number of bills working their way through the legislature were killed or tabled, while a smaller number gained approval.

Death, withdrawal of nutrition and hydration . . . S.B. 2213, the Life-Sustaining Decisions Act, which incorporates Cook County State's Attorney Cecil Partee's task force proposals for setting standards and conditions for withdrawing life-sustaining treatment, is the only legislation of its type still on the agenda. S.B. 2213 has passed the Senate and is to be considered in the House in the coming weeks.

H.B. 2972, which would provide a uniform standard for determination of death to include either irreversible cessation of circulatory and respiratory functions or all functions of the brain, was defeated in the House. That bill, sponsored by Rep. Grace Mary Stern (D-Highland Park), is similar to legislation she sponsored in 1989. H.B. 3402, also sponsored by Rep. Stern, would have allowed a personal guardian to request court approval of withdrawal of nutrtition and fluids. It also failed in the House.

Clinical social worker reimbursement . . . S.B. 1510, sponsored by Sen. Emil Jones, Jr. (D-Chicago), has passed the Senate and awaits House action as of press time. The bill requires direct reimbursement for clinical social workers by insurance companies. It has been amended to require written notification to the patient's primary care physician of services provided by the social worker, though the notification could be waived by the patient. Both the Illinois Psychiatric Society and the Illinois State Medical Society (ISMS) oppose the bill (see story, page 2).

Rural health . . . S.B. 2277, the Rural and Urban Health Care Service Improvement Act, has passed the Senate, but may face obstacles in the House. The measure would authorize the Illinois Department of Public Health to establish a variety of programs to bring health care services to both rural and urban areas designated as medically underserved. Similar legislation, H.B. 3571, was unable to get enough votes for passage in the House. Finding necessary funds to implement such a program will be difficult in a year in which Gov. James R. Thompson's proposed budget is considered already under-funded.

Small-business health benefits . . . In the House, two bills promoting health insurance programs for businesses with 150 or fewer employees were tabled. H.B. 3323, called the Affordable Health Care Act, was sponsored by House Insurance Committee Chair Richard A. Mautino (D-Spring Valley) and Rep. Bernard E. Pedersen (R-Palatine). Under the proposal, employers could offer "basic" health insurance programs for employees, including hospital inpatient and outpatient care, surgical benefits, physician services, diagnostic laboratory services, and limited mental health services. Such a package would not include many state-mandated benefits that help drive up costs for employers. H.B. 3307, similar legislation whose major sponsor was Thomas W. Ewing (R-Pontiac), was also tabled. But the House will again take up the issue when it considers S.B. 1752, a bill similar to the two House bills, but which fared better in the upper chamber of the legislature when it passed in the Senate May 29. ▲

Then . . .

In 1866, a white-collar worker could expect to pay $15 annually for a $5000 accident policy.



Now . . .

Improvements in health care and workplace safety have driven down the price of a similar policy to around $9 annually.

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

MEDICARE NOTES

ATTENTION: NON-PARTICIPATING PHYSICIANS — MANDATORY CLAIMS FILING EFFECTIVE 9-1-90

For services provided to your patients on and after September 1, 1990, both participating *and* non-participating physicians will be required to submit all Medicare B claims — both assigned and non-assigned.

Refer to the September 1989 Medicare B Provider Handbook for detailed instructions on completion of the HCFA-1500 claim form. You may not charge your patients for "paperwork" involved in filing a claim. Medicare B's reasonable charge allowance takes into consideration all of the services rendered by the physician in connection with the claim.

HCFA-1500 claim forms may be ordered from the American Medical Association or a private printer. Both the front and back of the form must be printed if ordering from a private printer.

Submitting claims electronically is the easiest way to comply with the above regulation. Additionally, this provides patients with unsurpassed service. The Illinois carrier electronic support area can be contacted for additional information. Address written inquiries to:

Medicare B — EMC Support
P. O. Box 210
Chicago, Illinois 60690

Telephone inquiries: EMC Hot Line 1-312-938-7697

REMINDER — BILLING FOR SUPPLIES

Supplies for services provided in a hospital setting (either inpatient *or* outpatient) are reimbursed by the Medicare A intermediary as part of the hospital's bill. These supplies should *not* be billed to Medicare B. This includes injections.

LABORATORY RESULT CHARGES

The reviewing of laboratory test results, the phoning of the results to patients, the filing of such results, and similar activity are services included in the physician's office visit charges. The same office visit charge is made whether or not reviewing and reporting of lab results is involved.

Office visits entail a wide range of components and activities that may vary somewhat from patient to patient. All office visits are not precisely alike; yet this does not ordinarily result in fee differentials. For example, when the patient's weight is appropriate for his height, age, build, etc., the physician is unlikely to discuss weight or prescribe a diet. In contrast, physicians do so routinely as part of an office visit, without separate additional charge, when the patient is obese.

Under its "Definitions and Items of Commonality" section, the CPT-4 manual lists examples of services that are included as part of a visit. Such services include the ordering and evaluation of appropriate diagnostic tests. The review and reporting of lab results, etc., are services covered by Medicare, and payment for these services is *included* in the payment for the patient's office visit, and *not* billable separately.

LUPRON DEPOT

You may have noticed a new procedure code for leuprolide acetate (J9218) in the 1990 HCPCS update information. We have received information from the Health Care Financing Administration that this procedure code is intended to describe the self-injectable form of leuprolide acetate (Lupron). As a self-injectable drug this service will continue to be denied.

Claims for leuprolide acetate for depot suspension (Lupron Depot) should be submitted under procedure code 90799 with a complete description of the drug and the dosage administered.

This change in our current policy will go into effect July 1, 1990.

(This report is a service to the physicians of Illinois)
6/8/90

Editorials

Celebrate and remember

This issue marks the 150th anniversary of the Illinois State Medical Society (ISMS). As you'll see from reading these pages, we at ISMS have a proud history and a strong commitment to the future. So go ahead and enjoy this issue – it's all yours!

A ski hill of ash raises questions

A large industrial company in Macon County has proposed using the coal ash generated at its plant site to build a ski hill for a recreation park. The proposal has generated controversy and concern among citizens and health care professionals.

Among the groups questioning the proposed ski hill plan is the Macon County Medical Society (MCMS). The MCMS and others are worried that toxic chemicals in the coal ash might leach into the area's ground water. For the area's physicians and other concerned citizens, the assurances of a Chamber of Commerce-sponsored study aren't strong enough to guarantee public safety.

We commend the MCMS for its strong public health advocacy; medical leadership can make and has made a difference here.

Clinical social workers and medical expertise

Clinical social workers practicing in their professional capacity provide valuable services to Illinois residents. They attend to the social and practical needs of a broad variety of patients, especially the elderly and the disadvantaged.

They cannot, however, diagnose disease or medical conditions. Such a task is beyond their training, and for this reason these professionals have traditionally worked under the supervision of a physician – very often a psychiatrist, who has thorough medical diagnostic and treatment skills.

Now S.B. 1510, which would require insurance companies to directly reimburse clinical social workers, would inevitably lead them to work independently of medical professionals. The measure is making headway in the Illinois General Assembly. But we diagnose the bill as misjudged and misguided, as it could open the door to situations in which de facto medical judgments would be made by those without medical knowledge. Patients must come first, and are best served and protected by teams of professionals with the right backgrounds for the tasks at hand. ▲

Illinois Medicine

VOLUME 2, NUMBER 12 **JUNE 8, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Suzanne W. Nelson, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



The note in the chart read: "Say Happy Anniversary to ISMS!"

Guest Editorial

Team physicians and athletes' care



by Bates Noble, M.D.

Being a team physician presents a wonderful opportunity to represent the medical profession to young people. Athletes, who are generally healthy people, usually only see a physician in the context of a short office visit. As team physicians performing preseason physicals and providing coverage for athletic events, we can identify potential problems, offer treatment and provide medical assistance; but more importantly, we can use this contact to get to know our athletes and counsel them, establishing a unique, humanizing relationship.

While malpractice actions against team physicians are rare, the recent case involving Hank Gathers, the Loyola Marymount basketball star who collapsed during a game and died, serves to remind us that some legal risk exists in virtually any professional activity. While this case is pending it is inappropriate to comment on specifics, but we should remain mindful of the importance of maintaining communication with athletes, coaches and parents, just as in any physician-patient relationship.

Dealing with the athlete's psychology is particularly challenging, as athletes tend to be overachievers. A team physician caring for elite athletes is similar to the Chevy mechanic who works on ordinary cars all week and then spends weekends at the track with Ferraris. To win, ambitious athletes often "drive" themselves in fierce competition. We find ourselves having to rein them in. In their impatience, they tend to believe if someone else heals in a week, they can do it in three days. The team physician must temper this spirit with a dose of reality and lend perspective to the athlete's thinking.

The time we spend being the athletes' ally in the office and on the sideline puts a positive spin on our advice. Athletes, coaches and parents come to realize we are on their side in wanting the athlete to compete. A conscientious team physician understands the mind-set of the player and demonstrates that we have his or her interests at heart.

The Illinois State Medical Society (ISMS) decided in 1982 that the physicians who have worked long and selflessly as team physicians deserved recognition not only for service to individual schools but for enhancement of the medical profession. As a result, ISMS established the "Outstanding Team Physician Award" to recognize these individuals and encourage other physicians to volunteer their services.

Every year for the past eight years, ISMS has honored five outstanding team physicians for their dedication and hard work. The ISMS Sports Medicine Committee has the difficult task of selecting these individuals from nearly 100 nominees each year. Many of the award winners have been serving as team physicians in their communities for over 30 years, often spending several evenings or days a week performing this volunteer work.

As committee chairman, the highlight of the year for me is reading the letters from athletic directors, coaches, athletic trainers and community members supporting the nominations for team physicians. It is gratifying to realize that in this time of adversarial practice, the tradition of service through our profession is very much alive and vigorous. The committee hopes more physicians will realize how rewarding being a team physician can be both for doctors and the young athletes they counsel. ▲

Bates Noble, M.D. is director of the Fox Valley Sports Medicine Center in Barrington. He chairs the ISMS Sports Medicine Committee and is former team physician for the Chicago Bulls.

1990 Team Physician Award Recipients

William J. Cahill, M.D., Chicago
Frank H. Descourouez, M.D., Freeport
Gary A. Goforth, D.O., Nashville
G. Paul Groen, M.D., Carol Stream
Charles E. Ramsey, M.D., Charleston

Guest Editorial

Physicians and the public health: a natural—and vital—link

by Jeffrey W. Todd





Jeffrey W. Todd (left) is the great, great, great, great grandson of John Todd, M.D. (right), the first president of ISMS.

THE PUBLIC HEALTH and medical professions have traditionally been closely allied in Illinois. At first the great common enemies were the communicable diseases, such as cholera, smallpox and diphtheria, and nutritional deficiencies.

Shortly after the establishment of the Illinois State Medical Society (ISMS) in 1840, boards of health were formed in dozens of communities across Illinois, including La Salle, Rockford, Quincy, Mattoon, East St. Louis and Evanston. In nearly every instance, physicians were actively involved in organizing efforts. Bringing about improvements in basic sanitation and diet was the first order of business.

The first state board of health, organized in 1877, was headed by physicians—Elias W. Gray, M.D. as secretary and John H. Rauch, M.D. as president. Over the next century, a succession of dedicated physicians served as state health director, including current Illinois Department of Public Health (IDPH) Director Bernard J. Turnock, M.D.

Although they are different, the threats to public health are no less daunting today than the ones of 150 years ago. AIDS, infant mortality, chronic disease, drug abuse, access to care and toxic waste disposal are but a few of our priority concerns. Despite a rich heritage of cooperation and collaboration between the public health and medical professions, recent times have witnessed a diminishing of the once-strong ties. Causal inferences are best avoided, but consider the symptoms:

- Of 80 established local health departments in Illinois, only three are currently headed by a physician (this number has fallen by half in the last six years alone).
- State law does not require the state health director to be a physician, let alone be board-certified in preventive medicine or possess an M.P.H.
- Among its nearly 1,300 employees, IDPH currently has only a half-dozen physicians on full-time staff.

My purpose here is neither to denigrate the vital role and contributions made by non-physicians in public health, nor to suggest that the functions performed by administrators, nurses, laboratory technicians, sanitarians, nutritionists, field investigators or support staff would be more appropriately handled by physicians. It is simply that the public health profession, and specifically the governmental public health sector of which the Illinois Public Health Association (IPHA) is a part, has been unable in recent years to attract and retain physicians with any success.

Governmental public health service is not a very attractive career choice for some physicians. Salaries are usually too low for physicians who, by the time they've completed residency training and/or an M.P.H. program, have amassed sizable debts. In fact, governmental public health service has difficulty competing with the private sector for non-physician graduates of public health programs. Retention of career public health professionals in the public sector has been a growing problem as well.

Unfortunately, these phenomena are not isolated occurrences. Rather, they are symptomatic of a larger, systemic problem. The Institute of Medicine, in its recent landmark report titled *The Future of Public Health*, declared: "This nation has lost sight of its public health goals and has allowed the system of public health activities to fall into disarray."

Just as we have learned through painful experience in recent years the awful price we must pay for neglecting our capital infrastructure (which includes bridges, roads and sewer systems), so too we are beginning to realize the enormous risks we are taking by neglecting our essential human institutions, including public health and education.

In the not-too-distant past, the public health and medical professions were partners in the collective enterprise of assuring the conditions for people to be healthy—the primary purpose of public health. It seems time to return to our roots.

Like ISMS, IPHA will celebrate a milestone anniversary this year—our 50th. We have used the occasion to rededicate ourselves to the fundamental principles of disease control, health promotion and social justice that have distinguished and served our profession so well for so many years. We recognize, however, our obligation to broaden our perspective, communicate better, avoid provincialism, build constituencies and coordinate our activities with all other health and human service providers. We are especially interested in re-establishing our strong, traditional links with the medical profession. We have much to gain and learn from each other. ▲

Jeffrey W. Todd is executive director of the Illinois Public Health Association.



Then . . .
In 1840, the Illinois State Medical Society began with 12 member physicians.

Now . . .
there are 18,000.

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

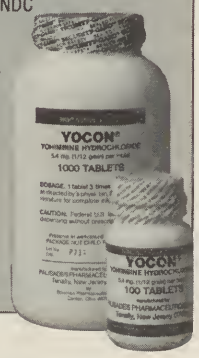
Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:
1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Exchange subcommittee looks at orthopedics claims

A SUBCOMMITTEE ON ORTHOpedics has been reviewing claims related to fractures at the request of the Illinois State Medical Inter-Insurance Exchange's Risk Management Committee. The committee has found that communication problems were the predominant cause of claims against orthopedists. In addition, the patient's decision to file a lawsuit was often based on statements or implications of improper care made by other orthopedists.

The majority of claims reviewed related to the normal course of treatment and/or expected complications from the original injury; or treatment misinterpreted as being related to improper care.

In orthopedics, traumatic injuries demand individual judgments in choice of treatment. In evaluating the cases, the committee members recognized that treatment "different" from what they might have chosen does not mean it was inappropriate. Those cases where the committee determined the care was below the standard were cases where it believed most orthopedists would concur.

In a courtroom setting, only one medical expert is needed to testify the standard of care was not met. It then becomes a contest as to which expert witness can present the best argument on the standard of care provided. Orthopedists acting as plaintiffs' experts who do not acknowledge the variety of acceptable treatment methods add to the difficulty of defending against claims of bad results. The results may more accurately represent a failure to restore the patient to as "good as before" status because of the severity of the injury, rather than because of the treatment provided.

Fellow physicians also contributed to claims against orthopedists when in subsequent treatments they implied previous care was incorrect.

In several cases reviewed, the patient experienced a complication, and for a variety of reasons sought subsequent treatment from a different physician. When that physician scheduled surgery, the patient assumed that not operating sooner was the source of his problem. Even though early repair may not have been appropriate, the patient often does not understand reasons for treatment choices, and therefore makes assumptions. The first physician is then sued for failing to diagnose and treat a complication he never had the chance to see again.

How orthopedists can improve their communications

If orthopedists consider patient misconceptions that can easily lead to unnecessary and costly malpractice claims, they can take actions to prevent many of them. The committee offers the following suggestions for orthopedists to help them improve their communications.

Informed-consent discussions with patients for any procedures performed should be as comprehensive as possible. The patient should also be informed about the seriousness of the injury, alternative treatment choices and the prognosis for recovery. It may not be possible to meet the patient's expectation that he will be "as good as new," because of the original injury. So while the patient must be informed of the recommended treatment plan and choices, the information the physician provides should not create unrealistic expectations or imply any guarantees.

Possible changes in treatment should also be discussed where appropriate. For example, if conservative treatment is the initial recommendation, but surgery will be required if the former action is unsuccessful, inform the patient of that treatment plan. When surgery is later scheduled, especially by another physician, the patient will be less likely to interpret it as an "unexpected complication."

Orthopedists acting as plaintiffs' experts who do not acknowledge the variety of acceptable treatment methods add to the difficulty of defending against claims of bad results.

The physician should emphasize to the patient the potential for infection from the original injury, as well as from the surgery. In open fractures, physicians assume an infection is present until proven otherwise. Patients not informed of this may file claims if the infection is presumed to be associated with the medical treatment.

Another common problem in the claims reviewed is failure to listen to the patient. Serious complications have resulted when a patient's initial complaints were ignored by the physician and others involved in the patient's care. In one case, the patient went to another physician when an office nurse dismissed a cast complaint that the patient felt required immediate attention. The office nurse told him it could wait until his next scheduled appointment. The subsequent physician took immediate action regarding the complaint and also changed the treatment, confirming in the patient's mind that the prior treatment had been incorrect.

Office staff should be given clear guidelines for handling phone calls, and should not make medical decisions or become a barrier between physician and patient. All calls of cast complaints, for example, should be referred to the physician. In addition, office staff can significantly help or impair relationships with patients, depending on the guidelines and training provided for them.

The majority of patients in orthopedic cases reviewed had changed physicians for many reasons. When the second physician noted complications or changed treatment, the patient often assumed the original treatment was incorrect. When deposed, the patient filing the claim often reported that the first person to tell him the treatment was incorrect was another physician. Sometimes the patients said this was directly stated by the subsequent treating physician; for example, "He said a rod should have been placed," or "He laughed at my x-rays."

To discourage "second-guessing" about treatment, the physician should communicate with the referral physician or facility personnel. Whenever possible, the physician should send a summary of treatment and copies of x-rays, or call in the information. If you are the physician receiving the referral, do not make assumptions about prior treatment without getting the facts first, especially not to the patient. If a claim is filed, there will be no guarantee that you will not be named in the lawsuit. At minimum, you will be deposed and possibly required to provide testimony at trial.

If the patient is hospitalized, the physician should communicate the plan of treatment to the nursing staff so they will be better able to recognize and inform the physician of possible complications. The physician should also read the nurses' notes every day and respond to the notes objectively in the record. ▲

Members of the Exchange's Orthopedic Risk Management Subcommittee include: Edward B. Brackett, M.D., Oak Park; Richard A. Geline, M.D., Skokie; Robert C. Hamilton, M.D., Chicago; Henry M. Hurd, M.D., Belleville; William J. Robb, III, M.D., Evanston; Merle J. Schrodt, M.D., Decatur; and F. William Schroeder, M.D., Springfield.

The Exchange salutes ISMS on 150 years of service

WE, THE PHYSICIANS of the Illinois State Medical Inter-Insurance Exchange, extend our congratulations to the Illinois State Medical Society (ISMS) on 150 years of outstanding service. We commend the dedicated and resourceful physicians who have led ISMS over the years. Through their vision and leadership, and support of ISMS members, a sensitive, effective organization has emerged, ready to meet the challenges which lie ahead.

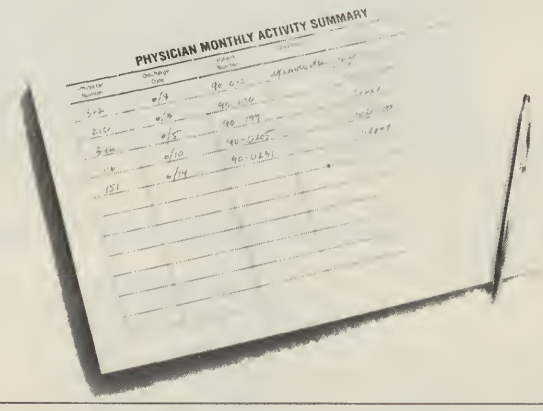
Throughout its history, the society has effectively responded to the needs and concerns of its members, while protecting the public health.

(continued on page 7)

IF QUALITY OF CARE IS IMPORTANT TO YOU, CONSIDER A CAREER IN ADMINISTRATIVE MEDICINE.

A medical directorship directly involves you in quality issues important to physicians and patients. Learn to adapt your personal leadership style to a new role in administrative medicine. Our four-day interactional career enhancement program for physicians can help you move comfortably within an organization. You'll practice techniques that help you control meetings, respond successfully to confrontation, and come out ahead in negotiations. And you'll learn how to meet QA and Joint Commission requirements. Career counseling is available upon completion of the program. Class is limited to 24 participants. Call today for more information.

Medical Directors Advoncement Council
An Educatian and Executive Search Service
Twa Shannan Court
Chica, Califarnia 95928



Oct 30 - Nov 3, 1990
Capitol Plaza Holiday Inn
Sacramento, CA

Call our toll-free number for more information. 1-800-762-2595.

C.M.E. credits applied for.

Unfortunately, some challenges physicians faced more than a century ago, such as malpractice, remain.

David Prince, M.D., in his 1859 ISMS presidential address, discussed the growing number of malpractice suits filed against physicians, and advised colleagues how to reduce their liability. He counseled against making "chance remarks" that might be misinterpreted by patients. He observed that medical witnesses "are often bitter enemies to members of their own profession, and lawyers delight in playing the doctors against each other." Today, physicians hear much the same refrain.

Responding to the escalating liability problem in 1904, the ISMS House of Delegates approved establishment of a medical defense fund which entitled members involved in malpractice suits to legal and financial support from the society's medico-legal committee. Illinois was among the first states to adopt a uniform defense plan against malpractice suits, which later became a key factor in increasing membership. Although liability concerns forced the discontinuance of the medico-legal committee 34 years later, the medical defense plan helped set the stage for the formation of a physician-owned insurance company.

A similar escalation of malpractice suits in 1976, and the departure of many commercial medical malpractice insurance companies from Illinois, led to the establishment by ISMS of what would become the state's largest physician-owned medical professional liability insurance company. We are grateful that the society's leadership reacted with the vision and resourcefulness so often exemplified by their predecessors.

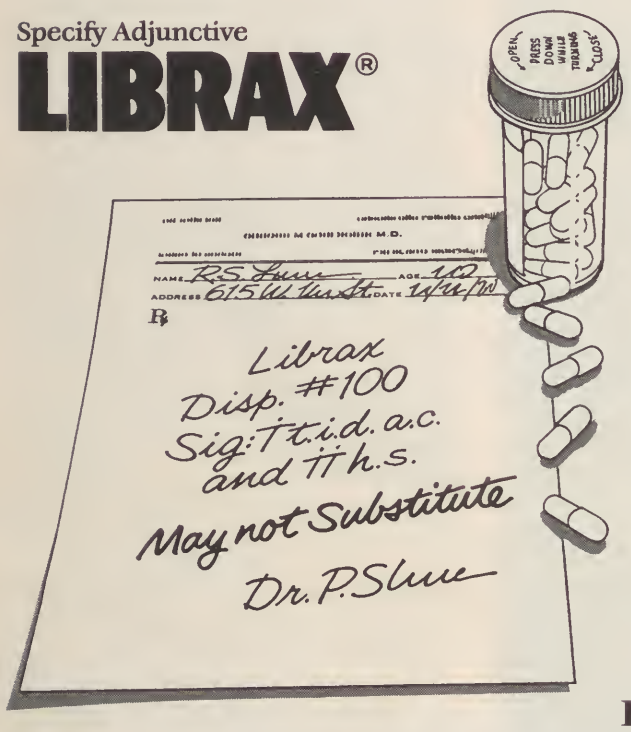
We at the Exchange strive to honor this legacy by seeking innovative ways to meet challenges. Tough and sometimes unpopular decisions have been necessary, but we are stronger for the effort. Today, Illinois physicians enjoy a stable source of professional liability insurance. The Exchange has and will continue to help ISMS battle malpractice suits through tort reform, risk management education and effective claims management.

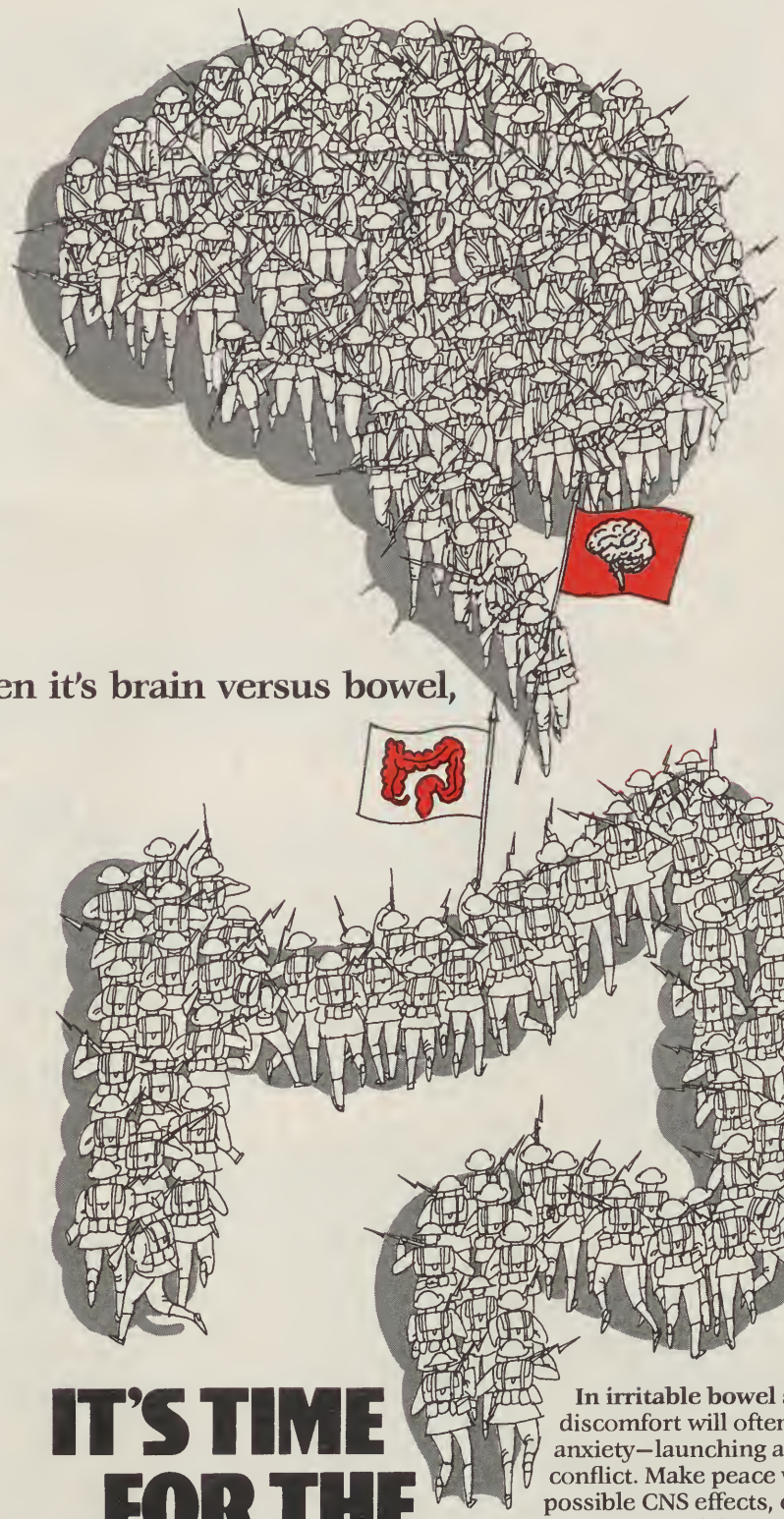


Happy Birthday ISMS! We look forward to serving Illinois physicians for many years to come. ▲

Fred Z. White, M.D.
Chairman, Illinois State Medical
Inter-Insurance Exchange

Specify Adjunctive
LIBRAX®





IL

To insist on the brand, be sure to check the "May not Substitute" box on your prescription.

In IBS,* when it's brain versus bowel,

IT'S TIME FOR THE PEACEMAKER.

In irritable bowel syndrome,* intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive
LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).
Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**
As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.
Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

P.I. 0288

ROCHE® Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

Copyright © 1989 by Roche Products Inc. All rights reserved.

Chicago launches revamped AIDS television ad campaign

by Kevin O'Brien

THREE NEW 30-second AIDS prevention public service announcements (PSAs) which mention the use of condoms either directly or indirectly, are running on Chicago television stations.

The PSAs, including one to be produced in Spanish, are part of a revamped Chicago Department of Health (CDOH) AIDS television and print advertising campaign. Targeted to the general audience and not to specific groups, its unifying theme is "AIDS: It starts with you. It stops with you."

The original campaign, announced last October when the city's AIDS strategic plan was announced, was scrapped by Chicago Mayor Richard M. Daley when it came under severe criticism from gay and other AIDS activists who said it was misleading and inaccurate. Subsequently, a 19-member CDOH AIDS media advisory committee chaired by Deputy Health Commissioner Patrick Lenihan met five times with representatives of DDB Needham Worldwide Advertising, creators of the original campaign, to design the new one.

"This campaign meets both the needs for health education and is sensitive to specific community concerns," said Acting Chicago Health Commissioner Richard Krieg, Ph.D., in a press release announcing the campaign. "Needham translated community concerns into action. Not only did they give us a whole new look, but they gave us a better focus on targeting prevention and education."



The committee did not want to target any one specific group, but neither did it want a bland campaign because "people would tune out either way," Lenihan said. So the campaign has targeted the widest audience possible in hopes that people, including those in higher-risk groups, will "take personal responsibility for assessing their own personal risk." Daniel Sotomayor of the AIDS Coalition to Unleash Power (ACT-UP), who was a principal critic of the original campaign's not mentioning condoms, was a committee member.

"Education is the best defense against the spread of AIDS," said Mayor Daley. "We listened to the concerns of the communities and we responded as rapidly as our resources permitted us. We think this campaign has universal appeal and will be extremely effective in getting the message of AIDS prevention to all of the public."

Dr. Krieg said that because 85 percent of Illinois AIDS cases are in Chicago, the city's campaign will complement a state campaign also recently announced. "To coordinate our efforts, we've added the statewide hotline number, 1-800-243-AIDS, which is targeted to the needs beyond Chicago," he said.

Immediately after the new campaign was announced, officials of WMAQ-Channel 5 and WFLD-Channel 32 said they would run the spots. In addition, Lenihan said officials at WBBM-Channel 2 and one other station have indicated they will also air them. And a spokesman for WLS-Channel 7 said the station will soon begin airing the announcements. Some of the stations said they would air them in time periods when children are not viewing.

WGN-Channel 9 said it would not run the campaign spots. "We aren't running the city's ads promoting condoms—it is just a matter of taste," said Charlotte O'Brien, community affairs director. "But we have run the [Illinois Department of Public Aid] spots and those generated by the pediatric association; and we're going all out on the issue of AIDS education. We are committed to educating our viewers on the issues; we're just holding off on the city's spots for now." ▲

COMPREHENSIVE MANAGEMENT OF HIV DISEASE 1990 THERAPEUTIC UPDATE 1990

You are cordially invited to attend an interactive national teleconference

COMPREHENSIVE MANAGEMENT OF HIV DISEASE: THERAPEUTIC UPDATE 1990

Wednesday, June 20, 1990

Broadcast from the VI International Conference on AIDS in San Francisco

11:00 a.m.—1 p.m.

Location: Drake Hotel, Chicago; Franciscan Medical Center, Rock Island; Brokaw Hospital, Normal; Methodist Medical Center, Peoria; Carle Hospital, Urbana; Memorial Medical Center, Springfield

Luncheon to follow

SYMPOSIUM FACULTY CO-MODERATORS

Marcus A. Conant, MD
CoChair, California AIDS Leadership Committee
Physician in Private Practice
Clinical Professor of Dermatology
University of California, San Francisco
San Francisco, California

Margaret A. Fischl, MD
Director, AIDS Comprehensive Program
University of Miami
School of Medicine
Miami, Florida

FACULTY

Richard E. Chaisson, MD
Director of AIDS Service
Assistant Professor of Medicine and Epidemiology
Johns Hopkins University
Baltimore, Maryland

Nathan Clumeck, MD
Professor of Medicine
Chief, Division of Infectious Diseases
Saint-Pierre Hospital
Director of AIDS Activities
Free University
Brussels, Belgium

Lawrence Corey, MD
Professor of Laboratory Medicine and Medicine
Head, Virology Division
University of Washington and the Children's Hospital Medical Center
Seattle, Washington

Harold A. Kessler, MD
Associate Professor of Medicine and Immunology/Microbiology
Director, HIV Treatment Program
Rush-Presbyterian-St. Luke's Medical Center
Chicago, Illinois

John Mills, MD
Chief, Division of Infectious Disease
San Francisco General Hospital
Professor of Medicine, Microbiology and Laboratory Medicine
University of California, San Francisco
San Francisco, California

Douglas D. Richman, MD
Professor of Pathology and Medicine
University of California, San Diego
Veterans Administration Medical Center
San Diego, California

Robert T. Schooley, MD
Associate Professor of Medicine
Harvard Medical School
Infectious Disease Unit
Massachusetts General Hospital
Boston, Massachusetts

Paul Volberding, MD
Chief, AIDS Activities/Medical Oncology
San Francisco General Hospital
Associate Professor of Medicine
University of California, San Francisco
San Francisco, California

PROGRAM

The teleconference will include presentations on the current state of the art on natural history of HIV disease, rationale for antiviral therapy, clinical implications of initiation of therapy in patients early in the course of HIV disease, patient identification and counseling, as well as current recommendations and future directions in HIV disease management. Presentations will be followed by the opportunity for questions and answers from the distinguished panel.

CME ACCREDITATION STATEMENT

Continuing Medical Education of 2 Hours in Category I of the Physician's Recognition Award of the American Medical Association is anticipated.

This program is sponsored under an educational grant from Burroughs Wellcome Co.

ORTHOPEDIC SURGEONS: BROADEN YOUR EXPERIENCE.

Your time and talent are valuable. They're valuable to the Army Reserve, too. We'll pay you for a small fraction of your time, not only in money, but with big opportunities and challenges you won't find in civilian practice.



- You'll have flexibility in how and when you participate.
- You'll be offered conferences and continuing education.
- You'll have opportunities for military training in areas like Advanced Trauma Life Support, Parachuting, Flight Medicine and Mountaineering.
- You'll work with top, dedicated professionals.
- You'll have the rank and privileges of an Army officer.

If you want more information about the Army Reserve, or if you would like to talk to an Army Reserve physician, our experienced Army Medical Counselors can assist you. Call collect

MAJ H. RUBIN OR CPT C. DAWSON
(708) 541-3644

BE ALL YOU CAN BE.®
ARMY RESERVE

May Day Clinic sees debate and discussion on ethics, RBRVS

by Kevin Kelleghan

AT A TIME when withdrawal of life-sustaining measures is in the public eye, physicians and other health care professionals flocked to a debate on the ethics of such measures during the 51st annual Theodor Lang May Day Clinic, held May 10-12 in Rockford.

On the day before the ethics debate, hundreds attended a briefing on the development of Harvard University's resource-based relative value scale (RBRVS), developed in the 1980s to measure physician services and provide the basis for a new Medicare reimbursement system. Peter Braun, M.D., a Harvard University School of Public Health researcher, explained the origins and intricacies of the plan that influenced last December's congressional physician payment reform.

During the debate on medical ethics, James H. Sammons, M.D., the American Medical Association's (AMA) former chief executive officer, responded to the hypothetical dilemma of a 19-year-old trauma victim refusing a blood transfusion on religious grounds.

"In the old days, I would have sewn him up," Dr. Sammons said. "But with the delay of all these questions [of liability, patient history, and family and hospital interests the panel was reviewing], he would have been dead in 30 minutes."

Dr. Sammons joined other physicians, professors of medicine, nurses, clergy and a county state's attorney on a 13-member panel to discuss the decision-making process in meeting family or patient demands to end a terminally ill patient's life.

Harvard law professor and attorney Arthur Miller moderated the ethics debate before an audience of 155 on the final day of the continuing medical education conference, sponsored by St. Anthony Medical Center in conjunction with the University of Illinois College of Medicine at Rockford.

James W. Girardy, M.D., a Rockford trauma surgeon, summed up an emergency room staff's position by saying, "He would get the blood."

"It's not just pure ethics anymore—there are other interests," commented another panelist, Joseph B. Perez, M.D., a family physician who chairs the Illinois State Medical Society (ISMS) committee on drugs and therapeutics, and is an AMA delegate. "There is no Supreme Court ruling on a right to die."

The debate seems academic because the Illinois Supreme Court "set out the procedure in this state for pulling the plug," said Paul Logli, Winnebago County state's attorney. He cited *In re Estate of Longeway,* which reached the court last fall, following the two-hour debate.

Payment reform to affect all MDs

In his keynote address, Dr. Braun said the RBRVS, in effect since December, "is a major reform that will affect all physicians."

Dr. Braun said "President Bush wants cuts first" in implementing the recommended Medicare fee schedule, which applies Medicare dollars in terms of units of work. The law will phase in over five years beginning January 1992, and incorporates the $4 million government-funded Harvard study.

Physicians generally support the Medicare initiative. "This reform was overdue," said Paul A. Maxwell, Jr., M.D., a cardiologist and chairman of the May Day conference.

"This system is fair because it allows primary care physicians, who spend so much time with patients, to receive equity," said Dr. Maxwell, who predicted that, "Some fees will go up in Rockford and probably in other parts of Illinois."

State of Oregon emergency care physician and legislator John A. Kitzhaber, M.D., author of a bill expanding health care coverage while imposing limits on some benefits under Oregon's Medicaid program, reported to a standing-room-only audience on his experiences implementing the law, which was passed a year ago this month.

Physicians in northern Illinois are closely following the experiment. "I think it's time Illinois takes a look at this as a solution to the problem of access to health care," commented William E. Kobler, M.D., a Rockford pediatrician, and ISMS trustee for the 12th district. ▲



The annual Theodor Lang May Day Clinic featured an ethics debate moderated by television personality and Harvard law professor Arthur Miller.



Health concerns stall Decatur coal-ash ski resort

by Diane Oltman Ayers

A PROPOSED coal-ash ski hill resort in Decatur faces an uphill battle in Macon County, where local residents and health organizations are demanding more data on potential health hazards of the project.

The Macon County Board has joined the Macon County Medical Society (MCMS) and the Macon County Health Department (MCHD) in calling for more environmental studies, before approving a plan by Archer Daniels Midland Co. (ADM) to build a ski mountain from coal-ash residue produced at the company's Decatur plant.

The delay may prompt developers to consider moving the controversial project to the new Eagle Creek State Park resort near Shelbyville, Gov. James R. Thompson said May 14.

ADM has proposed building a 350- to 500-foot ski hill east of Decatur near Oakley, from the 3,000 tons of ash generated daily at its cogeneration plant, along with ash from nearby A.E. Staley Mfg. Co.

Company engineers say that treating the ash with water will provide a hard, non-erodable surface that could be covered with turf and snow and used for recreation.

The site would also provide the two companies with an ash disposal site for three-and-a-half or more years, saving the "much higher" costs now incurred in shipping the waste back for storage in underground coal mines, said ADM Vice President Richard Burket.

ADM has asked for zoning permission to build the ski hill, an adjacent lake and an 18-hole golf course, and to donate the site to the Macon County Conservation District (MCCD).

But concerns about potential health hazards have been raised repeatedly since the project was first proposed a year ago. An Oakley-area citizens' group, Residents Against the Mountain (RAM), has argued that toxic chemicals in the coal ash could leach into and contaminate ground water supplies.

County medical society and health board call for impact studies

Within the last few weeks, the MCMS and the MCHD have asked for more specific environmental impact studies, calling ADM-supplied data inadequate to assess the project's long-range health risks.

A subsequent avalanche of public protest has blocked quick approval of the plan.

The county zoning board of appeals voted in April to recommend denial of a building permit, citing a lack of thorough data from the developers. The full county board was expected to have made a final decision by mid-May.

But county board chairman Donald Dipper said May 8 he would postpone a scheduled vote on the project until a study ordered by the MCCD is complete.

That decision has prompted some proponents to speculate that ADM might try to move the project elsewhere. Gov. Thompson told a Decatur newspaper May 14 that the state stands ready to scoop up the project. He said his office "has been involved" with ADM in discussing Eagle Creek State Park as a final alternative.

RAM spokesman Gary Hein said his group opposes delay, and fears the chamber of commerce-funded study will be biased in ADM's favor. Others, including county board vice chairman R. C. Smith, said the time for studies has passed and the permit should be denied.

But more data are needed, said MCMS President Ronald Ruecker, M.D. In a position paper published after its March 27 meeting, the MCMS concluded "there could be marked ramifications [of the project] . . . health care is one of those parameters . . . this has not been studied at all environmentally."

"The proper procedure has not taken place," Dr. Ruecker confirmed. "The scientific method can be applied to this, and it has not been done." While MCMS has not opposed the project, Dr. Ruecker said the data supplied by ADM are inadequate to accurately assess potential future health risks.

The MCMS vote for caution was unanimous, and included nearly half of the group's active members, Dr. Ruecker said. "What we're saying is, let's quit trying to work with superficial data," he explained. "The health care area is where we concentrate. We don't want to have a Love Canal or a Times Beach here in Decatur in another 20 years.

"We looked at this as we would view a patient—we're not specialists in toxicology and environment. We looked at the risk/benefit ratio just as when we diagnose a patient.

"In this case, there's inadequate data to judge whether there's a risk."

Dr. Ruecker said his group heard presentations by Hein and by ADM before reaching a consensus. He said an independent study by qualified experts is needed to satisfy long-term health concerns, before the project gets a green light.

"There's no urgency, even if it takes a year or more to get it done right," he added. He dismissed fears expressed by some business interests that ADM might "pull out of Decatur" if their plan is denied.

"The question in this town is, Are we going to be the hostage of corporate blackmail?" Dr. Ruecker ar-

(continued on next page)

Transderm-Nitro®
nitroglycerin
Transdermal Therapeutic System

Revised Dosage Information

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE INSERT)

INDICATIONS AND USAGE
This drug product has been conditionally approved by the FDA for the prevention of angina pectoris due to coronary artery disease. Tolerance to the antianginal effects of nitrates (measured by exercise stress testing) has been shown to be a major factor limiting efficacy when transdermal nitrates are used continuously for longer than 12 hours each day. The development of tolerance can be altered (prevented or attenuated) by use of a noncontinuous (intermittent) dosing schedule with a nitrate-free interval of 10-12 hours.

Controlled clinical trial data suggest that the intermittent use of nitrates is associated with decreased exercise tolerance, in comparison to placebo, during the last part of the nitrate-free interval; the clinical relevance of this observation is unknown, but the possibility of increased frequency or severity of angina during the nitrate-free interval should be considered. Further investigations of the tolerance phenomenon and best regimen are ongoing. A final evaluation of the effectiveness of the product will be announced by the FDA.

CONTRAINDICATIONS
Allergic reactions to organic nitrates are extremely rare, but they do occur. Nitroglycerin is contraindicated in patients who are allergic to it. Allergy to the adhesives used in nitroglycerin patches has also been reported, and it similarly constitutes a contraindication to the use of this product.

WARNINGS
The benefits of transdermal nitroglycerin in patients with acute myocardial infarction or congestive heart failure have not been established. If one elects to use nitroglycerin in these conditions, careful clinical or hemodynamic monitoring must be used to avoid the hazards of hypotension and tachycardia.

A cardioverter/defibrillator should not be discharged through a paddle electrode that overlies a Transderm-Nitro patch. The arcing that may be seen in this situation is harmless in itself, but it may be associated with local current concentration that can cause damage to the paddles and burns to the patient.

PRECAUTIONS
General
Severe hypotension, particularly with upright posture, may occur with even small doses of nitroglycerin. This drug should therefore be used with caution in patients who may be volume depleted or who, for whatever reason, are already hypotensive. Hypotension induced by nitroglycerin may be accompanied by paradoxical bradycardia and increased angina pectoris.

Nitrate therapy may aggravate the angina caused by hypertrophic cardiomyopathy.

As tolerance to other forms of nitroglycerin develops, the effect of sublingual nitroglycerin on exercise tolerance, although still observable, is somewhat blunted.

In industrial workers who have had long-term exposure to unknown (presumably high) doses of organic nitrates, tolerance clearly occurs. Chest pain, acute myocardial infarction, and even sudden death have occurred during temporary withdrawal of nitrates from these workers, demonstrating the existence of true physical dependence.

Several clinical trials in patients with angina pectoris have evaluated nitroglycerin regimens which incorporated a 10-12 hour nitrate-free interval. In some of these trials, an increase in the frequency of anginal attacks during the nitrate-free interval was observed in a small number of patients. In one trial, patients demonstrated decreased exercise tolerance at the end of the nitrate-free interval. Hemodynamic rebound has been observed only rarely; on the other hand, few studies were so designed that rebound, if it had occurred,would have been detected. The importance of these observations to the routine, clinical use of transdermal nitroglycerin is unknown.

Information for Patients
Daily headaches sometimes accompany treatment with nitroglycerin. In patients who get these headaches, the headaches may be a marker of the activity of the drug. Patients should resist the temptation to avoid headaches by altering the schedule of their treatment with nitroglycerin, since loss of headache may be associated with simultaneous loss of antianginal efficacy.

Treatment with nitroglycerin may be associated with lightheadedness on standing, especially just after rising from a recumbent or seated position. This effect may be more frequent in patients who have also consumed alcohol.

After normal use, there is enough residual nitroglycerin in discarded patches that they are a potential hazard to children and pets.

A patient leaflet is supplied with the systems.

Drug Interactions
The vasodilating effects of nitroglycerin may be additive with those of other vasodilators. Alcohol, in particular, has been found to exhibit additive effects of this variety.

Marked symptomatic orthostatic hypotension has been reported when calcium channel blockers and organic nitrates were used in combination. Dose adjustments of either class of agents may be necessary.

Carcinogenesis, Mutagenesis, Impairment of Fertility
No long-term animal studies have examined the carcinogenic or mutagenic potential of nitroglycerin. Nitroglycerin's effect upon reproductive capacity is similarly unknown.

Pregnancy Category C
Animal reproduction studies have not been conducted with nitroglycerin. It is also not known whether nitroglycerin can cause fetal harm when administered to a pregnant woman or whether it can affect reproductive capacity. Nitroglycerin should be given to a pregnant woman only if clearly needed.

Nursing Mothers
It is not known whether nitroglycerin is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when nitroglycerin is administered to a nursing woman.

Pediatric Use
Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Adverse reactions to nitroglycerin are generally dose-related, and almost all of these reactions are the result of nitroglycerin's activity as a vasodilator. Headache, which may be severe, is the most commonly reported side effect. Headache may be recurrent with each daily dose, especially at higher doses. Transient episodes of lightheadedness, occasionally related to blood pressure changes, may also occur. Hypotension occurs infrequently, but in some patients it may be severe enough to warrant discontinuation of therapy. Syncope, crescendo angina, and rebound hypertension have been reported but are uncommon.

Extremely rarely, ordinary doses of organic nitrates have caused methemoglobinemia in normal-seeming patients. Methemoglobinemia is so infrequent at these doses that further discussion of its diagnosis and treatment is deferred (see Overdosage).

Application-site irritation may occur but is rarely severe.

In two placebo-controlled trials of intermittent therapy with nitroglycerin patches at 0.2 to 0.8 mg/hr, the most frequent adverse reactions among 307 subjects were as follows:

	Placebo	Patch
Headache	18%	63%
Lightheadedness	4%	6%
Hypotension, and/or syncope	0%	4%
Increased angina	2%	2%

OVERDOSAGE
Hemodynamic Effects
The ill effects of nitroglycerin overdose are generally the result of nitroglycerin's capacity to induce vasodilatation, venous pooling, reduced cardiac output, and hypotension. These hemodynamic changes may have protean manifestations, including increased intracranial pressure, with any or all of persistent throbbing headache, confusion, and moderate fever; vertigo; palpitations; visual disturbances; nausea and vomiting (possibly with colic and even bloody diarrhea); syncope (especially in the upright posture); air hunger and dyspnea, later followed by reduced ventilatory effort; diaphoresis, with the skin either flushed or cold and clammy; heart block and bradycardia; paralysis; coma; seizures; and death.

Laboratory determinations of serum levels of nitroglycerin and its metabolites are not widely available, and such determinations have, in any event, no established role in the management of nitroglycerin overdose.

No data are available to suggest physiological maneuvers (e.g., maneuvers to change the pH of the urine) that might accelerate elimination of nitroglycerin and its active metabolites. Similarly, it is not known which, if any, of these substances can usefully be removed from the body by hemodialysis.

No specific antagonist to the vasodilator effects of nitroglycerin is known, and no intervention has been subject to controlled study as a therapy of nitroglycerin overdose. Because the hypotension associated with nitroglycerin overdose is the result of venodilatation and arterial hypovolemia, prudent therapy in this situation should be directed toward an increase in central fluid volume. Passive elevation of the patient's legs may be sufficient, but intravenous infusion of normal saline or similar fluid may also be necessary.

The use of epinephrine or other arterial vasoconstrictors in this setting is likely to do more harm than good.

In patients with renal disease or congestive heart failure, therapy resulting in central volume expansion is not without hazard. Treatment of nitroglycerin overdose in these patients may be subtle and difficult, and invasive monitoring may be required.

Methemoglobinemia
Nitrate ions liberated during metabolism of nitroglycerin can oxidize hemoglobin into methemoglobin. Even in patients totally without cytochrome b_5 reductase activity, however, and even assuming that the nitrate moieties of nitroglycerin are quantitatively applied to oxidation of hemoglobin, about 1 mg/kg of nitroglycerin should be required before any of these patients manifests clinically significant ($\geq$ 10%) methemoglobinemia. In patients with normal reductase function, significant production of methemoglobin should require even larger doses of nitroglycerin. In one study in which 36 patients received 2-4 weeks of continuous nitroglycerin therapy at 3.1 to 4.4 mg/hr, the average methemoglobin level measured was 0.2%; this was comparable to that observed in parallel patients who received placebo.

Notwithstanding these observations, there are case reports of significant methemoglobinemia in association with moderate overdoses of organic nitrates. None of the affected patients had been thought to be unusually susceptible.

Methemoglobin levels are available from most clinical laboratories. The diagnosis should be suspected in patients who exhibit signs of impaired oxygen delivery despite adequate cardiac output and adequate arterial pO_2. Classically, methemoglobinemic blood is described as chocolate brown, without color change on exposure to air.

When methemoglobinemia is diagnosed, the treatment of choice is methylene blue, 1-2 mg/kg intravenously.

DOSAGE AND ADMINISTRATION
The suggested starting dose is between 0.2 mg/hr*, and 0.4 mg/hr*. Doses between 0.4 mg/hr* and 0.8 mg/hr* have shown continued effectiveness for 10-12 hours daily for at least one month (the longest period studied) of intermittent administration. Although the minimum nitrate-free interval has not been defined, data show that a nitrate-free interval of 10-12 hours is sufficient (see CLINICAL PHARMACOLOGY). Thus, an appropriate dosing schedule for nitroglycerin patches would include a daily patch-on period of 12-14 hours and a daily patch-off period of 10-12 hours.

Although some well-controlled clinical trials using exercise tolerance testing have shown maintenance of effectiveness when patches are worn continuously, the large majority of such controlled trials have shown the development of tolerance (i.e., complete loss of effect) within the first 24 hours after therapy was initiated. Dose adjustment, even to levels much higher than generally used, did not restore efficacy.

PATIENT INSTRUCTIONS FOR APPLICATION OF SYSTEM
A patient leaflet is supplied with each carton.

HOW SUPPLIED

Transderm-Nitro System*	Total Nitroglycerin in System	System Size	Carton Size
0.1 mg/hr	12.5 mg	5 cm²	30 Systems...NDC 57267-902-26 **30 Systems...NDC 57267-902-42 **100 Systems...NDC 57267-902-30
0.2 mg/hr	25 mg	10 cm²	30 Systems...NDC 57267-905-26 **30 Systems...NDC 57267-905-42 **100 Systems...NDC 57267-905-30
0.4 mg/hr	50 mg	20 cm²	30 Systems...NDC 57267-910-26 **30 Systems...NDC 57267-910-42 **100 Systems...NDC 57267-910-30
0.6 mg/hr	75 mg	30 cm²	30 Systems...NDC 57267-915-26 **30 Systems...NDC 57267-915-42 **100 Systems...NDC 57267-915-30

**Institutional Pack

*Rated release in vivo. Release rates were formerly described in terms of drug delivered per 24 hours. In these terms, the supplied Transderm-Nitro systems would be rated at 2.5 mg/24 hr (0.1 mg/hr), 5 mg/24 hr (0.2 mg/hr), 10 mg/24 hr (0.4 mg/hr), and 15 mg/24 hr (0.6 mg/hr).

Do not store above 86°F (30°C).

Summit Pharmaceuticals
Dist. by:
Summit Pharmaceuticals
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

Printed in U.S.A.
C89-46 (Rev. 10/89)

References:
1. Martines C. Comparison of the prophylactic anti-anginal effect of two doses of Nitroderm TTS in out-patients with stable angina pectoris. *Curr Ther Res*. 1984;36:483-489.
2. Brady EM, Gold OG, Rosenbach HJ. Antianginal efficacy of transdermal nitroglycerin and oral nitrates: The ACTION Study. *Cardiovasc Rev Rep*. October 1988;40-44.

• The only patch with an easy-open tab

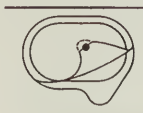
Easy to apply—
Easy to remove

Available in four convenient strengths

Patches shown are not actual size.



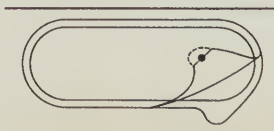
0.1 mg/hr...
Formerly designated as 2.5 mg/24 hr



0.2 mg/hr...
Formerly designated as 5 mg/24 hr



0.4 mg/hr...
Formerly designated as 10 mg/24 hr



0.6 mg/hr...
Formerly designated as 15 mg/24 hr

Decatur residents respond: *"Are you concerned about the environmental or health impact of the proposed ash ski hill?"*

(Interviews by Brenda Wilcott and photos by Robert Wilcott/Catchpenny Productions.)



Johnny Binkley, 35, laborer
I haven't really thought about it. I think that's the least of my worries . . . they're going to put it somewhere. My main concern is that ten years from now, they'll have to do something else with it and it's going to come out of my pocket.



Geraldine Whitelow, 44, homemaker
I would be concerned. I mean I don't live very close to it, but I would still be concerned about other people and children. If this would be something that would be a hazard to people, then I'm quite sure it would be a hazard to anything else—like the land or the birds or whatever.



John Hays, 62, job developer
I can't see the practicality of the idea, because of the unknown environmental and medical concerns. The only way I would say [ADM] should go ahead with it is to guarantee enough money . . . so if any problems happen 25 years down the road and they have to redo or tear it down . . .



Nicole Horve, 21, student
I don't at this point, because I don't really know that much about it. I mean, I know that they're building it out of some stuff that a lot of people are saying "well it could be bad for you, then it couldn't"—so I don't really know. I mean, I think it would be a great idea, but they need to work out the logistics of it.

Ski hill

(continued from page 10)

gued. "In 20 to 25 years, we as doctors don't want to be treating medical conditions traceable to a bad, hasty decision made now, to facilitate the convenience of a large company."

Sponsoring company "not altruistic"

Dr. Ruecker also charged that ADM "is not altruistic in this," but has been avoiding an environmental impact study by making it a "construction project for recreational purposes" instead of a traditional landfill.

MCHD Director Jerry Andrews said his board has also requested more environmental data. Of particular concern are traces of chemicals—barium, chromium, arsenic, lead, selenium and others—found in the ash.

But ADM representatives say those concerns are ill-founded. "The soils in this area of Illinois have as many heavy metals as this ash contains," Burket told *Illinois Medicine*. "It's our position that it produces no toxicity."

MCCD Board president Lynn Clarkson said a Columbia firm—John Mathes & Associates—has been hired to study the plan. The study will be financed through funds raised from private and public sources by the local chamber of commerce, not from tax dollars, he said. Under the proposal, the conservation district would own the land, and would maintain 400 to 500 acres of restored prairie with trails and picnic areas, Clarkson said. The ski resort complex and the 18-hole golf course would be leased to private operators.

Negotiations with ADM involve three goals, he said. The conservation district is insisting that the project produce a "positive cash flow"; that the district is not liable for any future environmental impact; and that the district won't be liable for any non-completion costs.

Clarkson said he thinks ADM is acting in good faith, and the project could be a real economic boon to local taxing districts. The developed property could add up to $200,000 a year to local school and township budgets, he said, adding that he asked the county board to wait for results of the Mathes study.

In a letter to the board, he said the study would "confirm the environmental and structural soundness of the project" and "answer most . . . questions which have concerned responsible critics. I think what the medical society was concerned about was the environmental question and the study will address that issue," Clarkson said. A preliminary report was expected by the end of May, he said.

Mathes project director Bill Graham said his firm may have to call in outside experts to do environmental analyses. "The initial charge was to approach it from a geotechnical standpoint," Graham said. "As it has evolved now, it's leaning more toward the environmental and health concerns."

Graham said he will rely on samples collected from ADM's Decatur plant and data previously compiled by company-sponsored studies. "We're not going to do a lot of on-site drilling or subsurface sampling," he added. The study will probably take six to seven weeks he said.

While he could not estimate the study's cost, Graham said it would be "well over $10,000."

But Hein said he and other ski hill opponents fear the Mathes study may prove just another "snow job." He pointed to its funding by the chamber, which supports the project, and will raise the money by soliciting firms such as ADM and Staley.

"Either way, we expect the losing side to criticize the integrity of the report," Clarkson said. But, he added, the conservation district will abide by its findings.

"If they come back with a negative study, we will pull out of the project—that would give it a quick and decent burial. But we think it has potential, and we have to act in the public interest," Clarkson said. ▲

Illinois Association of Ophthalmology

CONGRATULATIONS

TO THE

Illinois State Medical Society

ON YOUR

150th ANNIVERSARY

ILLINOIS ASSOCIATION OF OPHTHALMOLOGY

BERNARD B. GAWNE, JR., MD
AURORA
PRESIDENT

RICHARD T. COPPOLETTI, MD
ROCKFORD
VICE PRESIDENT

ROBERT M. GIBULA, MD
CRYSTAL LAKE
TREASURER

GARY RUBIN, MD
CHICAGO
SECRETARY

RONALD C. MAY, MD
DEERFIELD
CHAIRMAN
ILLINOIS MEDICAL EYE PAC

ZALE GLAUBERMAN
SPRINGFIELD
LEGISLATIVE DIRECTOR

JOHN PETERSON
CHICAGO
LEGAL COUNSEL

HAPPY 150th FROM ISMS MEI



Edward Hospital, Naperville



Rock Island County Medical Society Auxiliary



Northwestern Memorial Hospital Clinical Research Center, Chicago



St. Joseph Medical Center, Joliet, open-heart surgery team



Northwest Community Hospital, Arlington Heights



Peoria Medical Society Auxiliary



Rockford Memorial Hospital Pediatric Intensive Care Unit



Paris Community Hospital, Paris



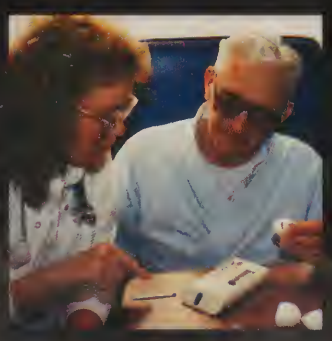
Franciscan Medical Center, Rock Island



St. Elizabeth's Hospital, Belleville



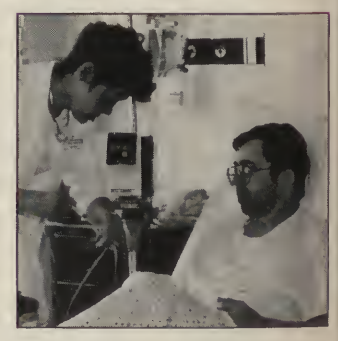
Illinois Society of Medical Assistants



Memorial Hospital, Belleville



Mason District Hospital, Havana



Central DuPage Hospital, Winfield

MBERS AND FRIENDS



St. Francis Medical Center, Peoria



Mercy Hospital and Medical Center, Chicago



University of Health Sciences/The Chicago Medical School, North Chicago



Adams County Medical Society Auxiliary



Michael Reese Hospital & Medical Center, Chicago



American Lung Association of Illinois



HCA Riveredge Hospital, Forest Park



Highland Park Hospital, Highland Park



Sangamon County Medical Society Auxiliary



Obstetrics Department, Freeport Memorial Hospital





Sports Rehabilitation Program, Rehabilitation Institute of Chicago



Schwab Rehabilitation Center, Chicago



Carle Clinic Association, Urbana



Illinois Department on Aging Community Care Program



by Judy Alsofrom

Hepatitis A hits North Shore

A major outbreak of hepatitis A hit Chicago's North Shore suburbs during the first weeks of May.

At press time, 124 confirmed cases of the disease had been traced to the delicatessen/salad bar of the Dominick's Finer Foods in Northfield, located just off Willow Road, a major commuter artery.

The Illinois Department of Public Health (IDPH) has not yet determined the source of the outbreak, and fears the number of cases could skyrocket as undetected infected individuals contaminate others.

Worried IDPH officials indicated that a Dominick's employee or one food item may not be the ultimate source of the hepatitis A virus. Presumably, a single employee could have handled – and infected – all the food items in the department. Or, a supplier to the store may be the source of the outbreak. IDPH personnel continue to interview cases and case contacts to identify the source and define the interval of time that food bearing the virus may have come from that facility. Incubation period for the virus is two to six weeks, though an infected individual is only infectious for two weeks after the onset of symptoms, or one week after the onset of jaundice.

Dominick's is asking its customers who frequent the delicatessen/salad bar to seek a physical exam at one of four area hospitals for blood testing and a shot of immunoglobulin – at the store's expense. Store personnel are also telling customers who have had nonspecific illnesses in the past few weeks that they should have the examination and a complete blood chemistry. These measures, however, have not prevented a class action lawsuit against Dominicks's from being filed on behalf of the hepatitis A patients.

IDPH officials commend Dominick's for what they call "conservative" measures to control the outbreak, but are "not certain" that immunoglobulin has any effect on preventing the spread of the virus.

The Northfield Dominick's closed for one day and all employees were tested for the disease after the first cases were traced to the store. The store was then sanitized under IDPH supervision and the entire delicatessen/salad bar staff was replaced with employees from other stores. Dominick's staff was also interviewed and apprised about proper hygiene.

It remains for IDPH to determine the specific food handler or supplier who was the source for the outbreak and the degree of contact that person had with food.

While this is one of the larger outbreaks of hepatitis A in Illinois in some years, IDPH officials said they do not believe it will reach the epidemic proportion of the Jewel Food Stores salmonella-tainted milk episode several years ago.

Lyme disease risk rises

The risk of acquiring Lyme disease (LD) is on the rise in Illinois.

While the disease was first identified on the East Coast in Lyme, Conn., cases have spread to other states, including neighboring Wisconsin.

The causative agent has been traced to a spirochete found in the deer tick, and that tick was first found in Illinois in the fall of 1988.

At that time, the tick had been identified in only one county in the state, but by last year it was found in seven counties, all in the northwestern part of the state. There is "no question" that the species is now in Illinois, IDPH officials said.

While cases of LD remained in the single digits from 1983 through 1987, they jumped from six in 1987 to 12 in 1988 to 79 last year.

An enzyme-linked immunoabsorbent assay (ELISA) can diagnose the disease, but not until the second stage of the disease is imminent, as it takes about one month for the patient to develop the antibodies ELISA identifies.

Physicians can start tetracycline therapy, however, if a patient comes

You helped us grow. Now, let us help you.

Since 1918, people have asked Highland Park Hospital and its physicians to mend their ailing hearts. Splint their broken bones. Deliver their babies. Treat their cancers. Perform their operations. And take care of their parents and children.

Over the years, you've helped us become one of the best medical facilities in the area. Now you can take advantage of a full range of services when your patients need them:

- Comprehensive Cardiac Care
- Complete Oncology Program
- Critical Care Unit
- Radiation Therapy
- Maternity Services
- 24-Hour Neonatal Coverage
- Pediatrics
- Mental Health Services
- Alcohol/Drug Treatment
- Eating Disorders Program
- Home Health/Home Support
- Skilled Nursing Center
- Adult Day Care
- Diabetes Program
- Dialysis
- Outpatient Surgery
- Eye Center
- Radiology
- Physical Therapy
- Weight Control

Congratulations on your 150th anniversary. Please consider Highland Park Hospital and its medical staff for your future patient referrals, and thank you for all your valued support.

HPh

Highland Park Hospital
718 Glenview Avenue
Highland Park, IL 60035
708/432-8000

© 1990 Highland Park Hospital

Congratulations to the Illinois State Medical Society on 150 years of supporting medicine in Illinois.

We are proud that on our own 20th anniversary as a medical school, all of our physician faculty are members of the ISMS.

From the faculty of Southern Illinois University School of Medicine Springfield and Carbondale

SIU

in with a complaint of a tick bite and answers yes to one or more of the following questions:
– Has the patient been in an environment that harbors ticks, such as tall grasses or bushy areas (though backyard grass does not qualify as such an environment)?
– Has the patient been in a geographic area identified with the deer tick, such as northwestern Illinois or Wisconsin? and,
– Does the patient meet the clinical criteria identifying Lyme disease?

Initially, the major clinical feature of the deer tick bite is a large round area that becomes white in the center and gets bigger over time – unlike a mosquito bite that remains the same size.

The minimum diameter of the deer tick bite is 5cm, but the average size is 15cm, according to Connecticut physicians who have often seen the disease.

In the first stage of the disease, the swelling around the bite is accompanied by a rash and influenza-like symptoms.

A second stage of LD may bring on aseptic meningitis, Bell's palsy, neuralgias and arthralgias. While serologic testing is of little value in the first stage, it will be diagnostic at this time.

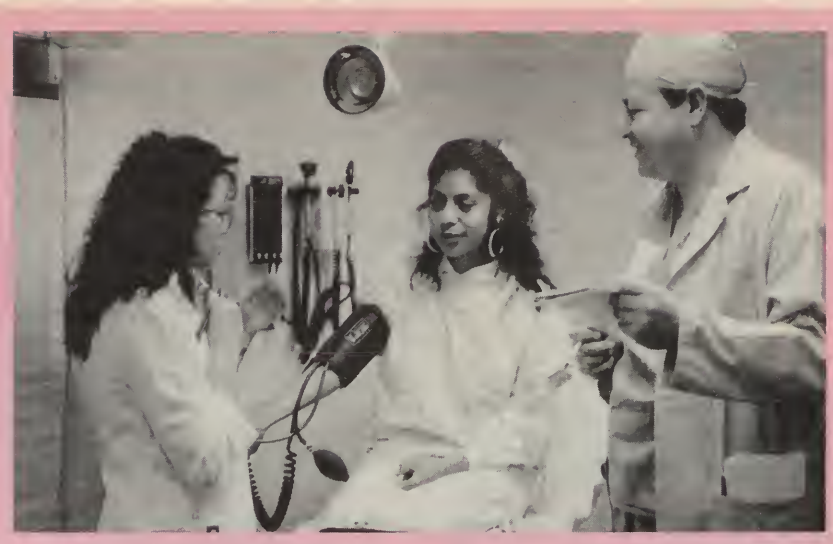
It is during the later stages of LD that clear-cut arthritis afflicts the untreated patient. This arthritis, which attacks one or more of the big joints – usually the knee – comes months to years after the original infection. There also may be some cardiac manifestations in the form of heart block and certain arrythmias. The heart complications are expected to occur in 8 percent of LD patients, neurologic complications such as behavioral changes or chronic fatigue will occur in about 15 percent of patients, and Lyme arthritis will occur in about 60 percent of untreated patients.

While looking for serologic antibodies is the most practical test on the market today, there is one new test which can be used earlier on a suspected case. It tests for the presence of a portion of the Lyme spirochete in the urine of the patient. IDPH does not yet endorse this test, however, because it is not clear whether there are other reasons for the test to come out positive. Also on the testing front, IDPH is offering this year a Western blot confirmation of the ELISA antibody test.

Meanwhile, physicians should advise patients traveling or vacationing in known tick-infested areas to cover up with socks and long pants and to use an appropriate insect repellent.

Physicians should also alert patients to check their medicine cabinets for last year's repellents. Any containing an ingredient known as R 11 and listed as 2, 3, 4, 5-vis (2-butylene) tetrahydro-2-furaldehyde should be discarded. This ingredient has been found to cause tumors in lab animals. Manfacturers have voluntarily recalled the product, but some may still be on market shelves.

Patients should also be advised to strictly follow label directions for application, as too much repellent applied in a short time period can be toxic, especially to children. ▲



***Jorge Sfeir M.D.,** (right) of Norwegian-American Hospital, Chicago, and medical assistant Dora Islas administer free examinations during Chicago Women's Health Week, May 7-12.*

Then . . .

The 1883 *Mrs. Lincoln's Boston Cook Book* recommended boiling string beans for one to three hours before eating.



Now . . .

According to *Jane Brody's Good Food Book* (1985), "For maximum nutrients and flavor, (string beans) are best cooked by steaming until tender crisp, about 5 to 8 minutes."

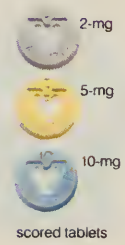


The practice is yours.
The patients are yours.
The prescriptions are yours.

Make the prescribing decision yours, too.

Check the
"May not substitute" box.

Specify VALIUM® brand of diazepam/Roche®



scored tablets

The cut out "V" design is a registered trademark of Roche Products Inc.

The one you know best.

Copyright © 1988 by Roche Products Inc.
All rights reserved.

ROCHE Roche Products
Roche Products Inc.
Manati, Puerto Rico 00701

FROM THE ILLINOIS **NEWS** DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

JANUARY 1990

The physician and surgeon license of Judith Kelsey, 950 North Michigan Avenue, Chicago, was placed on indefinite suspension and fined four thousand three hundred dollars ($4,300).

The physician and surgeon license of Kumar Yoginder, 1423 Forever Avenue, Libertyville, was reprimanded and fined one thousand dollars ($1,000) after he did not possess an Illinois controlled substance license, as he practiced in a federal hospital. During a two (2) to three (3) month period of time, he opened a private practice and wrote controlled substance prescriptions.

The physician and surgeon license of Julius Kaplan, 1409 Raymond Avenue, LaGrange Park, was issued and placed on probation for fifty-five (55) months when, prior to being issued his license in Illinois, he was employed as an extern and resident at MacNeal Memorial Hospital, Berwyn, Illinois, during 1982 and prior to that as a physician assistant by George Podzansky, M.D., 2135 South Maple Avenue, Berwyn, from January 1, 1984, to December 20, 1987.

The physician and surgeon license of Felix A. Albano, 248 Waterford Drive, Willowbrook, was suspended for three (3) years after he was convicted of multiple counts of delivery of a controlled substance. He must submit to a medical competency examination no sooner than six (6) months prior to termination of the suspension period. Then he is to be placed on two (2) years' probation with the following conditions: He is to complete at least one hundred (100) hours of continuing medical education in addition to completing a course program offered by Dr. Ralph Morris, Professor of Pharmacology, University of Illinois at Chicago; namely, the Pharmacodynamics "Drug Training" program totaling fifty (50) hours. His controlled substance license is suspended indefinitely for a minimum of five (5) years.

The physician and surgeon license of Lyna Massih, 13016 West Tanglewood Circle, Palos Park, was issued and placed on probation for four (4) months after she did acts which could constitute the unlicensed practice of medicine from February 1, 1987 to May 1, 1987, and September 30, 1988 to November 30, 1988 (being on vacation druing one month of such time). During said time periods and with the knowledge and direction of said hospitals, she did acts which could constitute the unlicensed practice of medicine. Terms of probation include her informing the Department of any and all criminal and/or civil complaints and/or judgments brought against her during the term of probation, including traffic offenses involving or relating to DUI, DWI, or other alcoholic or drug offenses.

The physician and surgeon license of Randall Lewis Mullin, 648 North Chicago, Geneseo, was placed on probation for a period of eighteen (18) months. During the period of probation he shall submit quarterly reports to the Department detailing all cases in which he managed the care of an obstetrical patient and the patient developed complications. He shall also notify the Department of all complaints, including malpractice claims, filed during the period of probation; he shall notify the Department of any restrictions imposed by any hospital on his obstetrical privileges during probation; and he shall complete eighty (80) hours of continuing medical education in the area of obstetrics.

The physician and surgeon license James H. Vasilakis, 519 Dempster, Mount Prospect, was placed on probation for two (2) years after he had been self-prescribing medication and also forging another physician's signature to prescriptions for himself. Terms of probation include sending quarterly reports certifying his attendance at self-help groups; providing the Probation and Compliance Unit with copies of the results of all urine drops and he shall submit to urine screens. His controlled substance license shall be suspended for a period of two (2) years after which his license will be placed on probation for a period of two (2) years. Terms of this probation include that he shall provide quarterly reports of all prescriptions written during that time period and shall send quarterly reports of any urine drops during that period, and he shall notify the chief executive officer and president of the staff at all hospitals at which he has privileges of the terms and conditions of this Order.

The physician and surgeon license of Nandana C. Bhakta, 4 Bridle Court, Burr Ridge, was reprimanded and fined two thousand dollars ($2,000) after she failed to renew her controlled substances license.

FEBRUARY 1990

The medical and controlled substance licenses of Dong I. Chung, Chicago, have been revoked after he was alleged to have engaged in the nontherapeutic prescription and dispensing of medicine, ineffective controls against the diversion of controlled substances, unauthorized delivery and dispension under the Controlled Substances Act, and unprofessional conduct.

The physician and surgeon and controlled substance licenses of Kenneth C. Chessick, Schaumburg, were reprimanded and he was fined three thousand dollars ($3,000) after he issued and prescribed controlled substances during a period of time in which his controlled substance license was in a nonrenewed status.

The physician and surgeon license of Urduja Pulido, Murphysboro, was indefinitely suspended.

The physician and surgeon license of Lawrence Lerner, Chicago, was indefinitely suspended for a period of two (2) years and his controlled substance license was indefinitely suspended for a period of four (4) years.

Nondisciplinary action

The physician and surgeon license of Patricia Jones, Chicago, was taken off of probation.

MARCH 1990

The physician and surgeon license of Robert Richman, Flossmoor, was placed on probation for a period of eighteen (18) months and fined twenty-five hundred dollars ($2,500) following the Department's filing of an amended complaint against him, alleging that on September 25, 1987, he failed to diagnose pre-eclampsia and to hospitalize a patient despite symptoms of said condition.

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

Then . . .

In the 1840s, the price of a hospital stay in Illinois could reach as high as $2.50 per week.



Now . . .

A semi-private room in Illinois averages $450 per day.

Snapshot

In honor of ISMS' sesquicentennial,* Illinois Medicine *asked several Illinois mayors to comment on how physicians have contributed to their communities over the years. Some provided written messages, while others consented to interviews.



Ron Ackerman

The Hon. Ossie Langfelder
Mayor of Springfield

As mayor of the city of Springfield, it is my pleasure to congratulate the Illinois State Medical Society and its 18,000 members on your sesquicentennial. The citizens of Springfield are also celebrating their community's 150th birthday in 1990.

Springfield's economy, culture and quality of life have, for all of its history, been positively influenced by the medical society and its members. This positive influence has never been felt more than now.

We are proud to be the home of one of the most respected groups of medical facilities in all the Midwest and the entire country. St. John's Hospital, Memorial Medical Center, Doctors' Hospital, the Springfield Clinic and the Southern Illinois University School of Medicine have greatly influenced the quality of life of our citizens and visitors.

Thank you for helping to make Springfield a wonderful place to live, work and raise a family.



Chuck Cannady

The Hon. Robert Jones
Mayor of Danville

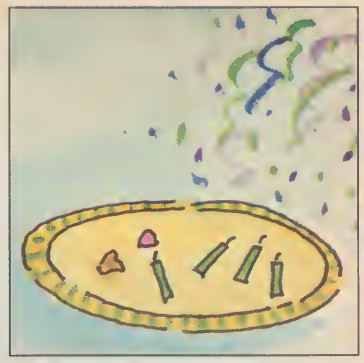
The doctor who probably played a big role in American history in our area was William Fithian, M.D., who was a friend of Abraham Lincoln. They both migrated with their families in the 1830s from Indiana to Illinois. They both served in the Indian wars together. Lincoln stayed in Dr. Fithian's home as a visitor while he was practicing law, and when he rode the circuit between Danville and Springfield. His home later became our history museum. [The nearby town of] Fithian was named for him because he donated 2,000 acres he bought from the U.S. government for $1.25 an acre to the railroad. A modern doctor who had a big impact on Danville is Holland Williamson, M.D., [who] was honored in 1955 as Danville's No. 1 citizen [and who died in 1970]. I happened to know him really well. He did a lot for the city and he was a really great guy.



Russ Smith

The Hon. Edward D. Voumard Jr.
Mayor of Alton

Gordon F. Moore, M.D. was for years chairman of the Alton park and recreation board. As chairman of our park and recreation board, Dr. Moore was very instrumental in developing what is now Gordon F. Moore Park. That 700-acre park was donated by the state of Illinois to the city of Alton. He's gone now maybe a year, a year and a half. [The development was] largely the success of Dr. Moore being able to attract investors and organizations and groups to sponsor certain developments. Now in conjunction with that we have a group of Asian-American doctors, who through the request of Dr. Moore and also the leadership of Sadiq Mohyuddin, M.D., got together and came up with enough money for a very lovely Oriental garden within Gordon F. Moore Park. We're very lucky to have such well-intentioned and well-meaning doctors.





Wm. Daniels/The Photo Partners

The Hon. Richard M. Daley
Mayor of Chicago

I will never forget my own experience with two extraordinary physicians, David McLone, M.D. and Anthony Raimondi, M.D. of Children's Memorial Hospital. They cared for my son, Kevin, who was born in 1979 with spina bifida and lived for just 33 months.

Treating a terminally-ill child is an extremely challenging task. It requires a special kind of physician, one who must be willing to treat the child, as well as the family. Desperate parents ask them to be miracle-workers, larger than life.

My family will always be indebted to Drs. McLone and Raimondi. As Kevin bravely fought for life, they fought beside him. They treated us all with selfless dedication. Their professionalism and compassion made a painful situation easier to bear. They will always have a special place in my family's heart.



Leo Galloway

The Hon. Sanford Andrews
Mayor of Yale

We don't have any doctors. We've only got a population of 100 and we have to drive 35 to 45 miles for doctor care. [If residents need hospitalization], they go to Sarah Bush Lincoln Medical Center in Mattoon, or to Effingham or Terre Haute, Ind. Most of the people are older; we have no old men in town, they're all old women. When [they need transportation], some of the younger people will drive them, or else there's the Jasper ambulance service. You know, that's the whole thing, everybody gets out . . . And there's a few younger ones of us who kind of take care of things.



CREATE A MEDICAL BREAKTHROUGH.

Become an Air Force physician and find the career breakthrough you've been looking for.

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay per year

Today's Air Force provides medical breakthroughs. Find out how to qualify as a physician or physician specialist. Call

USAF HEALTH PROFESSIONS
815/424-2035
COLLECT
STATION TO STATION

AIR FORCE

SEVEN WAYS TO SHARPEN YOUR MEDICAL SKILLS.

The Army Reserve offers a number of highly specialized medical courses you can't always get in civilian hospitals—with the kind of flexibility your busy schedule demands. Here is just a sampling of the unique training programs available to you in the Army Reserve:

COMBAT CASUALTY CARE Prepares you for treating trauma patients in your civilian career. Learn how to live, survive, and function in challenging environments.

ADVANCED TRAUMA/LIFE SUPPORT Teaches you how to treat trauma patients during the critical first hour of injury. Sponsored by the American College of Surgeons.

ADVANCED BURN LIFE SUPPORT Teaches you how to treat and manage the unique characteristics of the burn patient. Sponsored by the American Burn Association.

ADVANCED CARDIAC LIFE SUPPORT Centers upon the treatment and life-saving intervention associated with the acute cardiac patient. Sponsored by the American Heart Association.

TROPICAL MEDICINE Provides you with advanced in-depth training in parasitology, infectious diseases occurring in tropical and other areas of the world, and other related topics.

FLIGHT SURGEON Gives you a working knowledge of aviation medicine in a course that offers opportunities for frequent operational flights.

AVIATION MEDICINE Offers you a follow-up to the Flight Surgeon course and includes air ambulance operations, airfield operations, and aeromedical research.

Join a local medical unit and serve as few as 16 hours a month and 14 days of active duty during the year. The time you serve can be scheduled around your busy private practice.

You might also have the opportunity to participate in our Individual Mobilization Augmentee Program and serve just two weeks each year.

If you would like more information about these or other medical opportunities, or would like to be contacted by an Army Reserve physician, call 1-800-USA-ARMY.

ARMY RESERVE MEDICINE.
BE ALL YOU CAN BE.®



International dinner highlights harmony

Auxilians in Marion County put energy into their community

SEVENTY MILES EAST of St. Louis lies Marion County, whose 46,000 people live in an area dominated by light industry and farmland. Some see this region as economically depressed, but one very active group is using its skills and energies to help young people reach their educational goals and bring skills back to the county.

That group is the Marion-Clinton County Medical Society Auxiliary (M-CCMSA). For the past 11 years, this group of physician spouses has awarded students pursuing careers in the health care profession $50,000 worth of scholarships through fundraising efforts.

"Our auxiliary is one of the oldest in Illinois and we thought we should do something to benefit health care," says M-CCMSA president-elect Alamelu Lakshmanan. She points out that more than half of auxilians' spouses are foreign medical graduates (FMGs). In order to receive the award, the health care student must be a Clinton or Marion County resident or must have graduated from a Marion or Clinton County high school. The 1990 award recipients consist of one medical and two nursing students, two physical therapists, an occupational therapist and a pharmacy student.

A United Nations of members

Members of the auxiliary hail from as far away as India, the Philippines, China, Thailand, Austria, Germany, Mexico and Cuba. "It's a really international group," says Lakshmanan. "Since we all came to this small community to live and many of us are spouses of FMGs, this auxiliary brought us all together to serve a common cause in the health care field. We feel so happy that we are able to serve the future citizens who will help health care in this country."

For months, the 38-member auxiliary worked hard to create the fundraiser, develop a theme, prepare recipes and follow up on hundreds of details for the 11th annual Marion County International Dinner held March 10.

"Each year, we think of a theme that has to do with a different part of the world. This year, it was the Caribbean," said Lakshmanan. One hundred sixty guests, mostly from the local community, paid $80 per couple to enjoy six hours of Caribbean music, Caribbean food that the auxilians cooked and decorations typical of the West Indies, including colorful artwork.

"The cost of an education is so high today that I think it's a monumental effort by physician spouses to help raise money for a student cause," said Tim Wolfe, a Salem insurance agent who attended the fundraiser.

Reiterating the group's theme of community involvement, Lakshmanan concludes, "Kids who want to pursue an education have had a hard time finding scholarships, so we thought we should stop wasting time and raise money so they can become educated. We also tell them we would like to see them come back to our community once they finish." ▲



Members of the Marion-Clinton County Medical Society Auxiliary hosted the organization's 11th annual international dinner. (From l to r) Julie Patel, Krista Ramirez, Marcia Durian, Zeba Kahn, Majda Ansari, Ann Basch, Carol Rudman, Joan Beguelin and Alamelu Lakshmanan.

Then . . .
In 1840, the population of Illinois was 476,000.

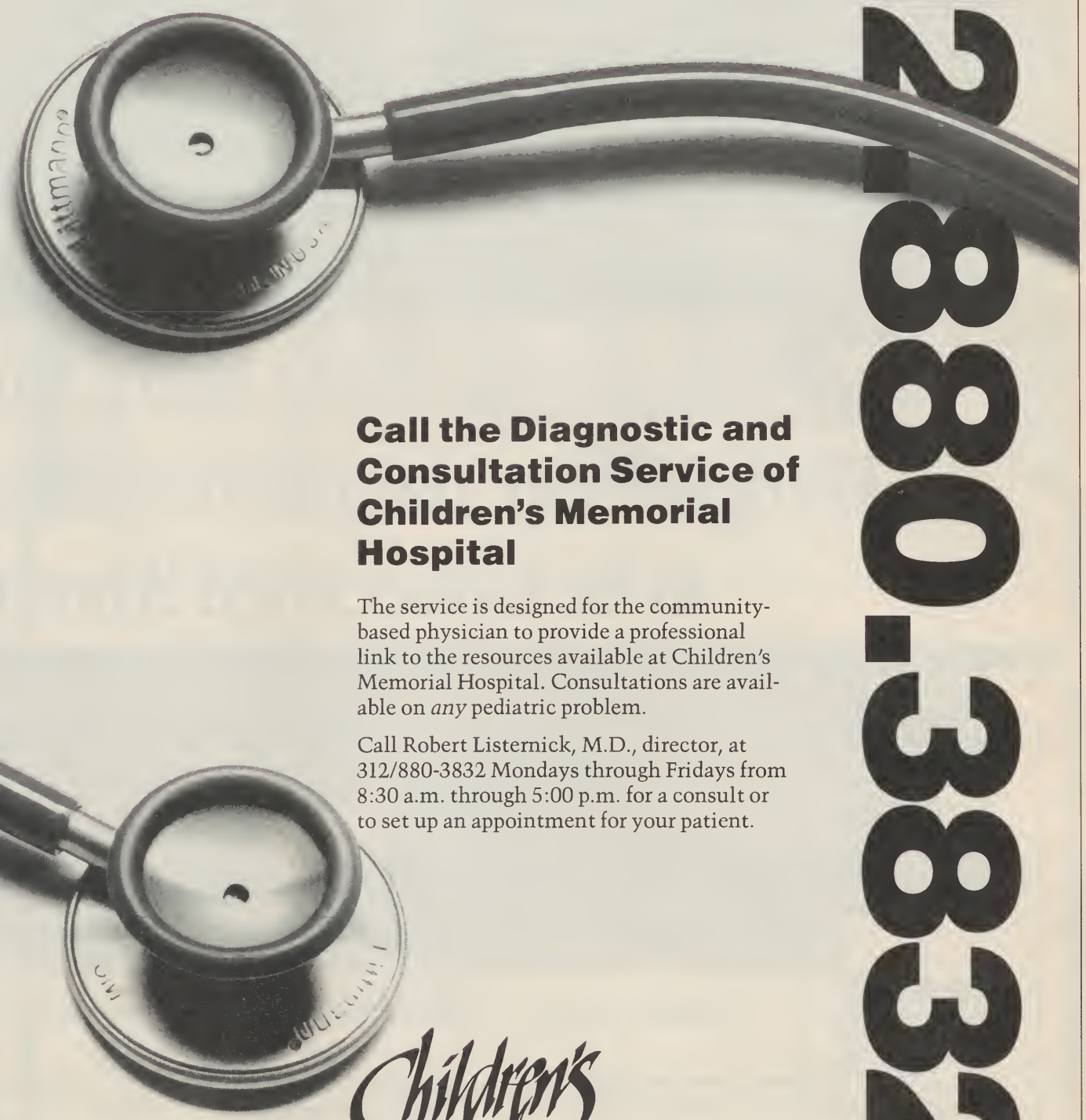


Now . . .
Illinois has 11.58 million residents.

When a second opinion is needed . . .

To ease the referral process . . .

312-880-3832



Call the Diagnostic and Consultation Service of Children's Memorial Hospital

The service is designed for the community-based physician to provide a professional link to the resources available at Children's Memorial Hospital. Consultations are available on *any* pediatric problem.

Call Robert Listernick, M.D., director, at 312/880-3832 Mondays through Fridays from 8:30 a.m. through 5:00 p.m. for a consult or to set up an appointment for your patient.

Children's

The Children's Memorial Hospital, Chicago



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.
(Formerly The Hardy Group, Inc.)

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Partee

(continued from page 1)

that it embodies the nutrition and hydration provision," said ISMS Trustee and task force member Jere E. Freidheim, M.D., a Chicago pediatrician. "And we're delighted that the civil immunity section is there too, contrary to what came out of the task force report."

Bill presumes patient's right to decide

The bill, which was scheduled for a May 31 hearing in the House Judiciary I Committee, presumes that patients with decisional capacity have the right to make their own decisions regarding the withholding of life-sustaining treatment. It includes a provision allowing "mature" minors to decide on their own whether to continue life-sustaining measures. The bill defines a "mature" minor as "an unemancipated person under the age of 18 years" who, in the opinion of the attending physician, understands the consequences of such action.

For patients lacking decisional capacity, or for minors not covered by the "mature" minor provision, the bill establishes a hierarchy of surrogates, including physicians, to make the decision on the patient's behalf. The legislation outlines the circumstances under which surrogates may act, and requires hospitals to establish dispute resolution mechanisms to mediate disputes that may arise during the decision-making process.

The bill defines life-sustaining treatment as "any procedure or intervention that, in the judgment of the attending physician, when applied to a patient with a qualifying condition, would not be effective to remove the qualifying condition, would be futile, or would serve only to prolong the dying process."

The bill states further that such treatments include, but are not limited to, assisted ventilation, renal dialysis, surgical procedures, blood transfusions, and the administration of drugs, antibiotics, and artificial nutrition and hydration.

Civil immunity criticized

Philip H. Corboy, a prominent Chicago personal injury attorney who chaired Partee's task force, was extremely critical of the civil immunity amendment. "I have some difficulty in understanding why men of humanitarian instincts should be so concerned with their civil immunities [as] to require, to ask at this stage of the game, to be given immunity for doing something they think is correct," Corboy told *Illinois Medicine.*

When the task force report was released in March, reporters were told that task force members could not reach consensus on the civil immunity issue. The report contained model legislative language implementing its recommendations, including three options for including civil immunity if legislators desired to do so.

Asked why the task force members could not achieve consensus on the issue, Corboy said, "It didn't reach consensus because it was not on the agenda." He said that because the Linares case involved a potential criminal prosecution, civil liability was not a viable option for consideration. He said granting civil immunity to physicians in such cases would be like granting civil immunity to drivers who go through a green light.

Further, he said that if the issue had been a valid one for consideration, persons with expertise in the tort system would have been appointed to the task force. "There was only one lawyer on this commission who had any interest in civil lawsuits per se, and that was me," Corboy said. "And I was chairman of the committee. And I certainly wasn't interested in having it reach part of the agenda."

Confirming that Corboy did not allow discussion of the issue, Max Brown, Rush-Presbyterian-St. Luke's Medical Center general counsel and a task force member, nevertheless disputed Corboy's assertion that no one was interested. "I brought it up and we were told it was not a subject for discussion. I objected to those ground rules," said Brown.

The issue deserved consideration, Brown said, because "doctors and nurses are legitimately concerned that they might be sued." He said there is "a world of difference between going through a [green] light and taking somebody off a ventilator." Brown did say that, viewing it from Corboy's viewpoint, he could understand why the task force did not include tort system experts.

"I think the argument against civil immunity is why would a person who is doing their job worry about being sued," said Dr. Freidheim, echoing Brown. "It's not a question of losing a suit, it's about the question of going through the trauma of being sued. I know we've gotten rid of a lot of those through the new anti-frivilous claims law. Still, we need the protection of both criminal immunity and civil immunity." ▲

Then . . .

In 1840, Cook County Hospital had a budget of $4,318.14 to provide free medical care to the poor.



Now . . .

In 1989, Cook County provided $179,428,325 in charity care.

The Doctor Solves A Mystery



"Homes, here's a Long Term Disability plan that pays up to $10,000 per month, and it defines disability to meet the real needs of physicians," Doctor Batson declared.

"Egad, it must cost a fortune," Homes responded diligently.

"About half of what others charge for the same protection," replied Doctor Batson.

"But how's that possible, Batson?" Homes implored.

"Elementary, my dear Homes. It's what I expect from my medical society. After all, it's just what the doctors ordered!"

There's no mystery to obtaining great benefits protection at low cost group rates. Simply call or write the PBT.

(800) 621-0748
(312) 559-9130

☐ Please send information about the **PBT Long Term Disability Plan.**
☐ Send information about the other PBT plans I have checked.

☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____
Practice Name: _____
Street: _____
City/State/Zip: _____
Telephone: _____ ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Daley pushes summit plan

CHICAGO MAYOR Richard M. Daley has formally endorsed the findings of the Chicago and Cook County health care summit, vowing to lobby the Illinois General Assembly on behalf of health care reform for Chicago, and calling for House and Senate committee hearings on the plan.

At a May 29 news conference, Daley called the Chicago and Cook County Health Care Action Plan "a detailed blueprint for action on how to improve health care services for low-income people. It provides a vision for the future and outlines the steps to get there."

The report issued by the summit's system design and management committee urged restructuring of Cook County's ambulatory care facilities and the establishment of community-based primary care facilities throughout the county. The committee also recommended setting up "corridors of care" within the city and county, and establishing partnerships among public and private providers within each zone. The program would be governed by a nine-member Cook County Health Council, which would examine health care issues and forward its recommendations to city, county and state officials.

The mayor called for immediate legislative action in Springfield. "If our proposals don't pass this spring, then we will work toward the fall and the next year." Daley added that a joint House and Senate committee should be established to begin holding hearings on the plan this summer if the legislature does not act on the summit's recommendations.

He said money would come from more efficient use of existing state and federal funding, and from enrolling more low-income residents in Medicaid. New taxes from driver user fees and a beer tax have also been suggested.

Whitney Addington, M.D., Chicago Board of Health president, sided with Mayor Daley on establishing General Assembly hearings, saying, "Let's get on with the hearings and with putting a system together."

Quentin Young, M.D., of the Health and Policy Research Group, criticized the plan's recommendations, saying, "It's clear that the proposal has no substance; it would set back public health planning by about two or three years if it did pass."

Steve Brown, press secretary for House Speaker Michael Madigan (D-Chicago), said the mayor's endorsement "could have a significant impact on what happens [in the legislature], but it's too soon to tell what the final outcome might be."

Support for summit funding could be tied to support for programs in other parts of the state, Brown said.

"Cook County is not unique. . . . So I would think there would be a significant number of legislators who want to pursue a statewide approach." Brown said Madigan has not developed a final position on the summit plan. ▲

Clinical social workers

(continued from page 2)

being expended in the wrong way on patients."

Employers oppose the bill because they would have to pay for added coverage, while insurers do because they would have to provide the coverage, said Billie Paige, IPS' Springfield lobbyist. The bill says employers are not required to buy mental health coverage, though the Illinois insurance code requires insurers to offer it with accident and health policies.

Supporters of the bill include the Illinois Society for Clinical Social Work, (ISCSW) representing 8,000 clinical social workers, and social service and mental health provider groups, including the United Way of Illinois, the Mental Health Association of Illinois, and the Illinois Collaboration on Youth.

Social workers argue for access

Access to affordable care has been one of the social workers' main arguments in the bill's support. Clinical social workers are the only licensed mental health care practitioners in 34 of the state's 102 counties, according to Mark Steinberg, Ph.D., a clinical social worker and ISCSW legislative chairman.

"While people in those areas have access to competent care, they never know if their insurance company will share the cost of that care," he said.

Supporters also argue it ensures patient freedom to choose among covered providers. People often select social workers over other providers, Dr. Steinberg said, because they specialize in helping groups such as battered women, rape victims and AIDS patients.

The Illinois bill is similar to others enacted in 22 states and the District of Columbia. But legislatures have often failed to analyze carefully the impact of the laws, said Jay Cutler, special counsel for the American Psychiatric Association and director of its governmental affairs division. "They see it as a turf issue instead of a quality of care issue," he said.

The issue is broader than just mental health care, Cutler said. "Medicine sees these conflicts as within specialties," but the issue really is "the totality of medicine distinguishing itself as physicians, as opposed to other allied professionals."

The bill does not change reimbursement level for mental health services. Nor does it specify the type of services providers could offer.

This is the second year the bill has been introduced in the Senate. It differed from the original bill only in an amendment requiring clinical social workers to provide patients' doctors with notice of treatment, unless the patient refuses, and to encourage patients to confer with a primary-care provider. This brought the bill in line with wording in Medicare provisions, Dr. Steinberg said.

Last year, the bill passed by a large margin in the Senate and failed by only six votes in the House. "I think the opposition was kind of surprised last year," Dr. Steinberg said. "This year they are better organized." ▲

Tuscola

(continued from page 1)

years. The contract would have initiated a one-year joint management between SHP and the county, paving the way for a physician-owned corporation to take over. The physicians would have had the option after one year of retaining SHP as manager.

Following the vote, Mark Fedyk, Jarman's hospital administrator, said, "It was the county board's decision as to what they wanted to do with the facility; apparently, they didn't feel comfortable with the [SHP] agreement as it stood." Regarding the hospital's immediate decision to close following the vote, Fedyk said, "Health care delivery in Douglas County will be severely compromised" by the board's decision. "Retention of physicians, recruitment of new physicians, and accessibility of health care for the elderly and the poor will be impacted. In addition, there is the economic impact of the community; you're looking at about $1.3 million in annual payroll."

And John N. Cunningham, D.O., Douglas County Medical Society president and secretary-treasurer of the Jarman medical staff, said, "I think this is catastrophic for our community. The people it hurts are the poor and the old, and the families without transportation. The 100-bed nursing home in town is affected, too," Dr. Cunningham added. Finally, he said, "they'll never attract another physician again without a hospital."

But Virgil L. Luth, the county board chairman, said the board's decision "was just good business. Based on past records," he said, "the doctors and the people in the area have chosen to use other hospitals . . . and I think the board felt like [the SHP contract proposal] was just a way of delaying the inevitable." ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

ENT—Effingham, Illinois. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Minnesota—lakes and trees. Family physician to join five others in progressive multi-specialty group including internal medicine and surgery. Outstanding 42 bed district hospital with 130 bed long term care facility. Excellent schools and services with easy access to metro area. Guaranteed salary, full benefits, and bonus. Position available immediately, for confidential consideration and further information, contact: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect: 612/454-7291.

OB/gyn, New York. 32-member multi-specialty group in Long Island, New York, adding third member to its department of obstetrics and gynecology. First year, six figure salary, four weeks vacation, other benefits. Call: Wanda Parker, Senior Associate, E.G. Todd Associates, Inc., 535 Fifth Ave., Suite 1100, New York, NY 10017. Toll free: 800/221-4762. Collect: 212/599-6200.

Large hospital based neonatology group practice has openings for full and part-time board eligible and/or board certified neonatologists and pediatricians. Practice currently serves 12 community and two tertiary metropolitan Chicago hospitals. Excellent salary and benefits program includes malpractice insurance. For more information contact John Hylton, Director of Operations, Neonatal & Pediatric Services, S.C., 2115 Butterfield Rd., Oak Brook, IL 60521; 708/916-8900.

Chicago – Seeking director, full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan I-800-632-3496.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparascopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

Missouri family practice group seeks fourth physician, BC or BE, for historic community with two private colleges, near major university and medical center. Beautiful area. Recreation and cultural activities. Guarantee and other benefits. Reply in confidence to Mary Murphy, Jonas Physician Search. 1-800-544-6728.

General internal medicine (experienced or new grad.) with or without sub-specialty, in Rockford, IL, population of about 250,000. Available mid-summer 1990. Outstanding opportunity to take over an established general practice. Located with small single specialty group in new office building adjacent to 400-bed regional referral center. Overhead paid and very generous salary/benefit package guaranteed for two or more years. Relocation expense paid. Minimal HMO. Low or no interest loans available. Send CV to: Lynn Clayton, The Furst Group, 5217 Wayzata Blvd., Suite 125, Minneapolis, MN 55416; or call 1-800-728-6032.

Family practitioners, east central Illinois. Immediate openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice (group or solo). Attractive support package including benefits. Small, friendly community of 10,000, family oriented environment. Service area of 30,000 people. Located three hours from both Chicago and St. Louis, 90 minutes from Indianapolis, IN. Exceptional recreational, cultural, and educational opportunities. Modern, well-equipped, 49-bed, JCAH accredited facility. Contact: John M. Dillon, Administrator, Paris Community Hospital, E. Court St., Paris, IL 61944; (217) 465-4141.

Family practice. Busy, growing practice needs BC/BE family physician to join well established practice. Prestigious western suburban hospital nearby. Excellent community in west Chicago suburbs. Exceptional salary and benefits. Partnership available upon agreement. Contact: Sherie Everhart, 708/766-6300.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Medical center seeking physicians to work part time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call 708/390-0300 or 708/390-9300.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820.

Wanted. Qualified MD in specialty of internal medicine or pulmonary medicine to work part-time or full-time in hospital based practice. Good remunerations. Send reply to Gupta, 1601 Midwest Club, Oak Brook, IL 60521.

Pediatrician: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE pediatrician to join department of 17 BC/BE pediatricians. Two year guarantee plus comprehensive benefit package offered. The community offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Need medical oncologist in practice to associate with cancer center. Write to Box 2172, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

OB/gyn—family practice—general surgery— internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc., 12724 N. Maplecrest Lane, Mequon, WI 53092, 1-800-243-4353.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Physician, MD/DO: family practice. Established family health care practice of three years in western suburb of Chicago associated with hospital offers full-time position, competitive salary, plus availability of four-bedroom house in Hinsdale for board certified/eligible physician. Candidate should have excellent interpersonal skills and ability to build upon a quality family practice. Send curriculum vitae in confidence to: Robert R. Briney, M.D., Medical Director, Suburban Hospital, 55th and County Line Rd., Hinsdale, IL 60521; telephone 708/323-5800, ext. 2176. Affiliated with Rush/MacNeal Hospitals. An equal opportunity employer.

Emergency medicine—compensation package over $110,000 per year. Career opportunities in emergency medicine with company providing emergency physician services to 14 hospitals in Iowa. Physicians work as independent contractors, with a guaranteed hourly compensation, excellent benefit package, and paid malpractice insurance. Physicians must be certified in ACLS and have pertinent experience in emergency medicine. Part-time positions also available. Please contact Lowell Sisson, Emergency Practice Associates, P.O. Box 1260, Waterloo, IA 50704 or call 1-800-458-5003.

Physican wanted. Pediatrician, with or without training in allergy, to join rapidly expanding solo practice near Chicago. Excellent oportunity. Reply to Box 2171, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General Surgeon—BC/BE to join multi-specialty group in southern Illinois serving population of about 20,000. Within 20 miles of Southern Illinois University Medical School, 120 miles from St. Louis, Missouri and 45 miles from Paducah, Kentucky. Modern 40 bed hospital with x-ray, lab, CT scan, ultrasound and special care unit. Must be willing to do some primary care. (No OB). Guaranteed income with all practice expenses paid plus incentive. Write: E. A. Helfrich, Administrator, Union County Hospital, Anna, IL 62906; 618/833-4511 call collect.

Internist, BC/BE, Rockford, IL. Solo practice, three man call, stable, active practice, transition with retiring physician. Medical center assistance. Call collect, Joanne Zenisek, 815/226-0220.

The Department of Family and Community Medicine, University of Illinois College of Medicine, Rockford, is expanding and seeks applications for full-time clinical faculty as instructors in family practice residency or undergraduate ambulatory care teaching facilities. Responsibilities include teaching, patient care and research. ABFP board certified/eligible. Teaching and practice experience preferred with OB optional. Salary/rank commensurate with experience. Competitive salary/fringe benefits. Inquiries and CV to L.P. Johnson, M.D., 1601 Parkview Ave., Rockford, IL 61107. For fullest consideration submit application by July 1, 1990. The University of Illinois is an equal opportunity affirmative action employer.

Family physician—well equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five-room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone 618/285-6634.

Family practitioners. We are a full service medical center with immediate full and part-time openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice. We are located in a small community just outside the Chicago Loop area with easy access to expressway and our affiliated hospitals. We offer flexible hours with an attractive compensation package, including benefits. For confidential consideration please submit curriculum vitae and resume to Box 2173, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Minnesota/Wisconsin: dermatology, family practice, psychiatry, surgery, locum tenens. Urban and rural locations, single specialty and multispecialty groups, strong hospital support. Contact: LifeSpan Health Care Services, 800 E. 28th St., Minneapolis, MN 55407; 612/863-4193, ask for Jerry Hess.

Time for living! Time for family, children, traveling, hobbies, sports, hiking, music, boating, art, skiing, community activity. Madison Ambulatory Care Center: outpatient family practice, occupational health. Approximately 25 hours per week, very flexible scheduling. Salary $30,000 plus paid health, life, malpractice, 401K (total package worth in excess of $40,000). Contact David Goodman, M.D., MedicEast, 2810 E. Washington Ave., Madison, WI 53704; 608/244-1213.

Nationwide practice opportunities. All specialties. Fees paid by clients. Call: Wanda Parker, E.G. Todd Associates, Inc., 535 Fifth Ave., Suite 1100, New York, NY 10017. 800/221-4762, or 800/599-6200.

Rockford Memorial Hospital, a 480 bed tertiary care hospital in Rockford, IL, serves an 11-county area and is seeking a neonatologist to join its staff. The hospital's level III NICU has over 500 admissions a year. Call coverage will be shared with six other neonatologists. Two perinatologists, two pediatric intensivists and over 30 pediatricians are currently part of its active staff. An excellent first year guarantee and benefits package are being offered. Please call Sandra Otto at 1-800-332-0488 (1-800-236-0488 in Wisconsin) for additional information.

Pediatricians (2) to join busy pediatrician within a 35 member multi-specialty clinic. Exceptional opportunity providing excellent first year salary, full benefits, leading to partnership. Lovely midwest community located in east central Illinois offers quality family life. Lake, recreational and cultural advantages. Call for details: 217/442-8595. Send CV to: Diane Gawronski, Assistant Administrator, Danville Polyclinic, Ltd., 800 N. Logan, Suite 104A, Danville, IL 61832.

Ophthalmologists, anesthesiologist, and internist needed: Internist or general practitioner to provide internal medicine services for patients of private ophthalmology practice/surgicenter. Responsibilities will include pre-op H&P and EKG interpretation. M-F. No nights, no weekends, no call. Anesthesiologists: full-time for ophthalmology ambulatory surgery center. M-F. Daytime hours only. No call. No inpatient responsibility. Ophthalmologists: general, glaucoma, cornea, or oculoplastic. High patient population. Excellent financial opportunity. Send CV to Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178 or call 815/756-8571.

Internal medicine/family practice—expanding practice located in new clinic 50 miles southwest of Chicago needs BC/BE physician to anchor practice for very busy surgeon. Excellent community for families, with good school system. Generous salary guarantee with partnership possibility after two years. Send letter and CV to Roman M. Smyk, M.D., 460 N. Broadway, Coal City, IL 60416; 815/634-2592.

Illinois epic. St. Louis University's HealthLine Physician Services is currently recruiting primary care physicians to provide clinical services in the emergency department of Harrisburg Medical Center in Harrisburg, IL; full-time and part-time positions are available. Moderate volume; 24-hour radiology, anesthesiology, laboratory; strong ED nursing and medical staff support. Competitive hourly rate with professional liability insurance provided. Contact Gerry Liebmann, 1-800-443-2901, 3663 Lindell, Suite 400, St. Louis, MO 63108.

Scenic southern Wisconsin family practice solo/small group opportunity. Supported by 240 bed hospital, good coverage schedule. Academic affiliation. Near major cities. Competitive compensation package. Contact: Darell McWilliams, Mediline, 210 25th Ave. North, Nashville, TN 37203; 615/327-1910.

Scenic southern Wisconsin psychiatry solo/small group opportunity. Supported by 200 bed hospital. Involvement in existing agency contracts. Academic affiliation. Competitive compensation package. Contact: Darell McWilliams, Mediline, 210 25th Ave. North, Nashville, TN 37203; 615/327-1910.

Clinical cardiologist—to join specialty group practice. Invasive and non-invasive skills. Opportunity to direct regional catheterization laboratory in central Illinois. Amenities of small town lifestyle with access to a large metropolitan city. Reply in confidence with curriculum vitae to Box 2175, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Michigan—Ann Arbor suburb. Primary care specialists needed. Group-managed practice. Call 1 in 3. First year income guarantee, benefits and paid malpractice. Call: Wanda Parker, Senior Associate, E.G. Todd Associates, 535 Fifth Ave., Suite 1100, New York, NY 10017. Toll free: 800/221-4762. Collect: 212/599-6200.

Family practitioner needed for several openings in: Florida, Texas and northern California. Practice quality medicine on quality people—where the patients' needs come first. Reach new heights. Call USAF Health Professions, collect 815/424-2035 station to station. Please send CV to Col. William E. Patterson, HQ USAFRS/RSH, Randolph AFB, TX 78150.

Chicago, IL—Emsco Management Services currently staffs eight emergency departments and four ambulatory care facilities within the metropolitan Chicago area. If you would like to become a member of a group committed to excellence, please call or send your CV for immediate consideration to: Diane Temple, 907 N. Elm St., Suite 301, Hinsdale, IL 60521, 708/654-0050.

Situations Wanted

General practice and general surgery. Seeking position solo practice in GP/GS, sponsored by a JCAH Hospital, not HMO. Illinois license, American Board eligible in surgery. Available now. Write: 10 Cottonwood, Apt. 811, Canyon, TX 79015.

Internist (BC) seeks part-time position Chicago northern suburbs. Reply to Box 2169, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family-practitioner seeking part-time positions. Reply to Box 2048, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

Primary care solo practice. One hour from Chicago. Completely equipped, staffed and computerized. Established since 1981. Excellent patient base. No HMOs. Hospital nearby. Call 815/786-9767.

Dental office—beautiful office in prestigious modern building. Excellent busy location. Three exam rooms, lab, private office, washrooms and parking. Waukegan, IL; 708/244-8340.

Primary care practice, fully equipped office: two examining rooms, lab, and x-ray. College town—10,000 students. Near modern certified hospital. Nice location, industry, and agricultural area. Good established practice. Call 217/345-5030 or 7017.

Golf course—Wisconsin Dells, WI area. $375,000. Adjoining 600 acres available. Jeanine Lehman, PO Box 26796, Austin, TX 78755; 512/452-3911.

Oak Brook. Exquisite country French home with tennis court. Five bedrooms, library, 3 1/2 baths, finished basement, three car garage. Hinsdale district. 708/325-4376.

200 MA Westinghouse x-ray machine, fully equipped. Priced reasonably. Call 618/532-7311.

Used medical equipment. Colposcope and colposcopic instruments. Call 815/725-2898.

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Bellevelle hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Elgin, Illinois: office space available in medical building. Two suites 400 or 850 square feet. Located two blocks from hospital. Call Dorothy O'Malley, 708/741-0200.

Looking for excellent location: for sale or lease, ideal for clinic, offices. 3,600 square feet. Brick, on 1.1 acre, corner lot. Next to hospital, nursing home, retirement home and apartment complex. Wood River, IL. By owner, will negotiate. 618/259-7281.

Pediatric practice on sale in growing young community of Bolingbrook. Well equipped office in medical building. For information call 708/852-1948 after 8pm.

Medical clinic near Howard/Western intersection. Total luxurious renovation. Built-in reception areas, counters, sinks, cabinetry. Quality workmanship. Parking lot. The Urban Network, Ltd., 312/829-2666.

For sale: well equipped surgicenter with three operating rooms, started in 1973, offering first trimester legal abortions and other out-patient gynecological services, located in a fine north suburb of Chicago. Close to transportation. Staffed by three BC gynecologists, and 12 well trained medical assistants. State inspected and passes all codes. Owner must retire. For further details call from 3:00pm to 5:00pm 708/677-9660.

Miscellaneous

Attention—hiring! Government jobs—your area. $17,840-$69,485. Call 602/838-8885 ext. R-17390.

Attention: Earn money reading books! $32,000/year income potential. Details. 602/838-8885 ext. BK-17390.

Attention: Easy work, excellent pay! Assemble products at home. Details. 602/838-8885 ext. W-17390.

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public-Aid, HMO's or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Now available—manual on Illinois state and federal regulations affecting physician office laboratory testing. 150 pages of information with step-by-step instructions on how to comply with the law. To order your copy send $125.00 to Med-Sources, 1080 Nerge Rd., Elk Grove, IL 60007. Tel. 708/351-1770.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing. Computerized system can be customized to meet the needs of your practice. Accurate ICD-9 and CPT coding. Insurance filing and follow-up. Financial reports showing practice analysis. Contact Golden Office Management, Inc., 3317 W. 95th St., Evergreen Park, IL; 708/423-7778.

SMC: POL consulting; quality assurance is quality care. Laboratory compliance: federal and state regulation; quality control programs, safety, procedure manuals, instrument maintenance logs, correlation analysis. Complete laboratory evaluation. Free POL assessment. 312/882-4526.

Attention—government homes from $1 (you repair). Delinquent tax property. Repossessions. Call 602/838-8885 ext. GH-17390.

Attention—government seized vehicles from $100. Fords, Mercedes, Corvettes, Chevys. Surplus Buyers Guide. 602/838-8885 ext. A-17390.

Attention: Earn money watching TV! $32,000/year income potential. Details. 602/838-8885 ext. TV-17390.

Attention: Postal jobs! Start $11.41/hour! For application info call 602/838-8885 ext. M-17390, 6am-10pm, seven days.

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

PROVIDING

SERVICE

TO ILLINOIS PHYSICIANS

SINCE 1976, OUR *ONLY* BUSINESS HAS BEEN TO PROVIDE PROFESSIONAL LIABILITY INSURANCE SERVICES TO YOU, THE ILLINOIS PHYSICIAN, THROUGH...

UNDERWRITING: YOU WORK DIRECTLY WITH THE EXCHANGE, NOT AGENTS, TO OBTAIN THE COVERAGE YOU NEED.

RISK MANAGEMENT: OUR RISK MANAGEMENT EDUCATION AND COUNSELING SERVICES ARE DESIGNED TO MEET YOUR INDIVIDUAL NEEDS.

CLAIMS: YOUR CLAIM IS GUIDED BY A STRONG DEFENSE TEAM WHO WORKS FOR YOU AND WITH YOU EVERY STEP OF THE WAY.

PROVIDING SERVICE TO OUR 10,000 INSURED PHYSICIANS IS *OUR ONLY BUSINESS.*

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

W1 IL417L
V.2 NO.13 1990
C.P1--------SEQ: SP0063601
TI: ILLINOIS MEDICINE

Task force aims to wipe out TB in Cook County . . . 9

Illinois Medicine

June 22, 1990

ILLINOIS STATE MEDICAL SOCIETY





Ron Ackerman

ISMS celebrates its sesquicentennial: *Top: ISMS Chairman of the Board George T. Wilkins, M.D., President James H. Andersen, M.D., and ISMIS Chairman Robert C. Hamilton, M.D., mark the completion of the ISMS Springfield office. Bottom: Illinois Secretary of State Jim Edgar converses with Ernst C. Bone, M.D., at ISMS' sesquicentennial party in Springfield June 12.*

Pilot care centers plan put on hold

ON JUNE 15, the Illinois State Medical Society (ISMS) asked that consideration of a controversial post-surgical and obstetrical care bill be postponed to allow for a "discussion of the bill based on true facts and without the intensity surrounding the closing days of the legislature."

"ISMS remains committed to H.B. 3587, which is designed to create a positive, creative approach to providing access to care in rural, suburban and urban settings," said ISMS President James H. Andersen, M.D. "But a meaningful discussion cannot occur in a climate where facts have been irresponsibly distorted."

H.B. 3587 would authorize a three-year pilot program for six post-surgical and obstetrical centers (PSOCs) in Illinois. The bill passed the House 66-30 on May 18, and was reported out of the Senate Public Health, Welfare and Corrections Committee on June 8.

"It is unfair to patients and legislators to consider this proposal in the heat of a closing legislative session," Dr. Andersen said. "Unfortunately, it is the patient who loses as a result of this delay."

IHA opposes PSOCs

The Illinois Hospital Association (IHA), in an alert to hospital administrators, trustees and physicians, asked them to lobby against the bill because PSOCs would "shatter our already-fragile health care infrastructure."

At the heart of the disagreement is a piece of legislation of relatively

(continued on page 14)

Summit bills advance amid criticism of governance provisions

by Kevin O'Brien

IN AN APPARENT EFFORT to jump-start stalled Chicago and Cook County health care summit recommendations, summit organizers and others are indicating they will take what they can get from the Illinois General Assembly this session, and come back later for the rest.

The evolving strategy emerged as several witnesses, testifying in Chicago at a June 11 public hearing of the Senate Committee on Public Health, Welfare and Corrections, requested appointment of an interim governing council. The council would begin implementing summit recommendations so the ongoing vigorous debate over a final governance structure can continue.

"I urge that if, as seems likely, the governance questions can't be resolved in the next three weeks, that the legislature think seriously about convening an interim board with appointments by the mayor, the governor and the county board president, to implement those things . . . on which there is agreement, and to resolve those things that still need negotiation," said Deborah Stone of the Metropolitan Planning Council.

Control, funding questions dominate

At the core of the impasse are disagreements over the control and funding of the county's diffuse health care system. On the funding issue, summit recommendations have been held up in an emergency session of the Illinois General Assembly, at a time when legislators are hesitant to push through big-ticket packages, with or without tax strings attached.

On the control issue, Stone and others, including Chicago Medical Society (CMS) President Ulrich F. Danckers, M.D., urged the committee to strengthen governance recommendations outlined in the sum-

(continued on page 14)





Sandy Adams/The Photo Partners

Chicago Medical Society President Ulrich F. Danckers, M.D., (left) prepares to testify at a Senate health committee hearing on two summit bills as an overflow crowd observes. Dr. Danckers said governance provisions must be strengthened to counter the "petty political interests" that control health care in Cook County.

In this issue

Clinical Lab Act poses questions for physicians 2
On the legislative scene 3
Financing health care benefits for the uninsured . . 5
Case in point 6
Great moments in Illinois medicine 7
Sexual harassment in a medical setting 8
Medicaid expansion strains health care resources 10

NATIONAL LIBRARY
JUL 03 1990
OF MEDICINE

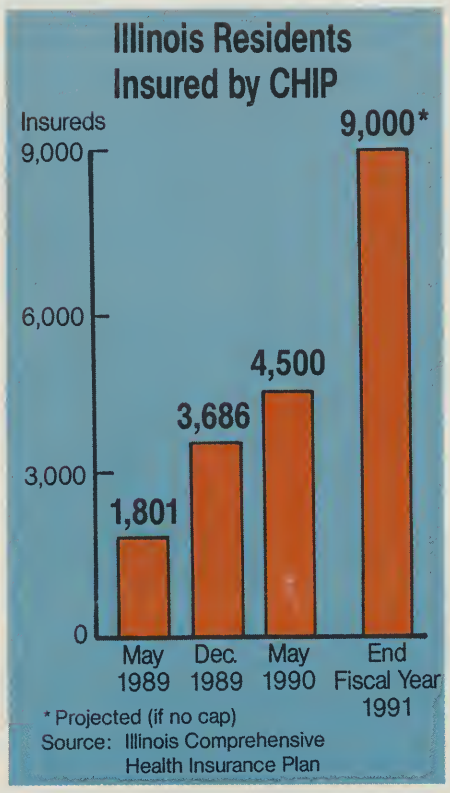
0611 IM
NATIONAL LIB OF MEDICINE
TS INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 2

CHIP enrollment may remain at 4,500 level; cap being studied

THE ILLINOIS SENATE Appropriations I Committee June 12 approved a nearly $18.8 million fiscal year 1991 appropriation for the Illinois Comprehensive Health Insurance Plan (CHIP). If the funding is approved by the General Assembly and signed by Gov. James R. Thompson, CHIP enrollment may not exceed its current 4,500 cap through the coming fiscal year, according to deputy director Mike Hoffmann.

"I think there is every chance that [the appropriation] will pass at this level," Hoffmann said after the Senate committee vote. But he added that speculating on the eventual appropriation would be premature.

The Senate committee-approved appropriation of $18,779,200 is 3.2 percent less than the $19.4 million recommended by Gov. Thompson and approved by the House Appropriations II Committee May 17.



CHIP began operation May 1, 1989 to provide insurance to Illinois residents at high medical risk who previously had trouble obtaining insurance in the private sector. The number of persons insured by the program is based on premiums received and General Assembly appropriations. The program's fiscal 1990 appropriation was $12 million.

To guarantee sufficient funds for policyholders currently enrolled in the program, the CHIP board of directors in December 1989 placed a cap of 4,500 on enrollment, according to Richard Carlson, CHIP executive director. Without an enrollment cap, CHIP officials have projected that 9,000 persons would be enrolled in the program by the end of fiscal 1991.

CHIP officials must examine claims experience data to determine if a change in the enrollment cap will be needed. "Our claims experience is still evolving, so I can't say whether we would have to cut enrollment," Hoffmann said. "[The Senate committee appropriation] doesn't give us much of a chance of raising enrollment.

"We have been saying that this would require us to reduce enrollment by about 200, and that still may be true," Hoffmann continued. "But I think those numbers are soft enough that it may be possible for us to stay at the same enrollment if claims experience is favorable." Any necessary enrollment cuts will be established through attrition.

"We are concerned because [CHIP] was created by the legislature and the legislature determines the extent of the funding," said Steve Schneider, assistant director of the Illinois Department of Insurance. "When the funding is reduced, you have to look at the number of slots available."

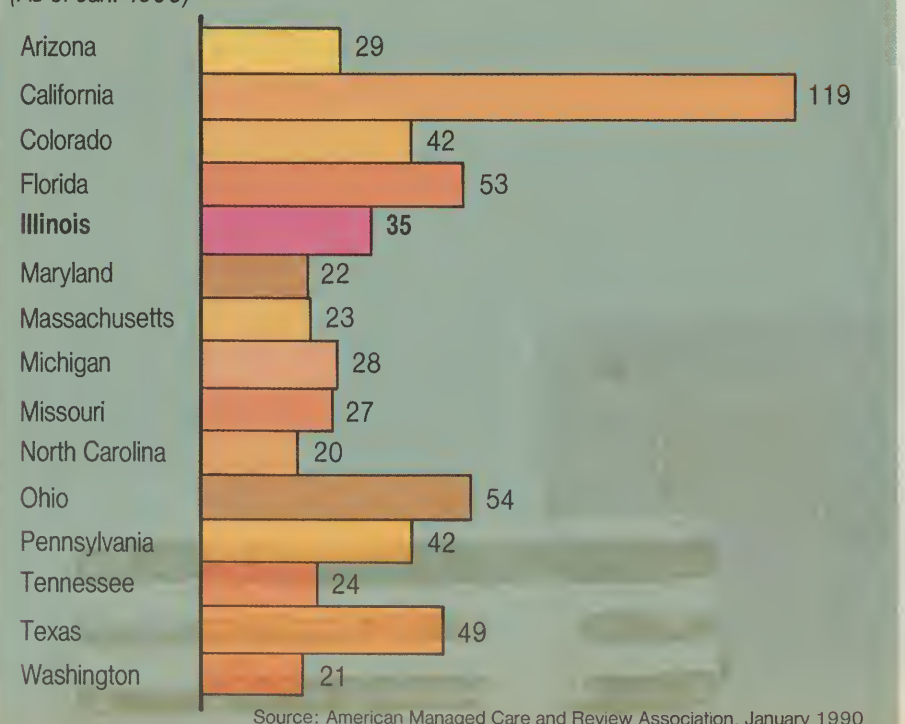
A waiting list was established in March by the CHIP board of directors to accommodate persons wishing to enroll in the program. As of June 8, 999 people were on the list,

(continued on page 13)

Physician Facts

States with Largest Number of PPOs in Operation and Under Development

(As of Jan. 1990)



Source: American Managed Care and Review Association, January 1990



Jon McGinty

Rockford geriatrician John M. Roska, M.D., (center), joins seniors Richard Acalay (left) and Jack Plummer at the ISMS Partners for Health speaker training session May 21 in Rockford. The program trains physicians to speak to senior citizens.

IDPH says many have failed to register

Illinois' new Clinical Lab Act has physicians guessing

by Karen Sandrick

THE ILLINOIS CLINICAL Laboratory Act, which requires all physicians to register their office laboratories with the Illinois Department of Public Health (IDPH), is causing more controversy now, five months after going into effect, than it did when physicians first became aware of it.

Physicians are asking questions regarding the number of physicians who have registered their labs and the number who still need to do so, the need to register with the state at all for doing certain basic tests and the way Illinois' law will mesh with impending federal laboratory regulations.

As of mid-May, about 3,000 Illinois physicians had registered office labs with IDPH, fewer than state officials had expected. "No one has ever done an actual count of how many [office labs] there are, and [it is] very hard to estimate how many physicians have office labs," said Ken Mitchell, administrator of the standards section in IDPH's division of health care facilities and programs.

Still, he added, "Our guess would be that [the total of 3,000 applications] is below what there should be. We think only about 60 percent of physicians with office labs have applied."

It is conceivable that physicians who do not have designated office laboratory space may not realize they must also register with IDPH, even if they only perform a few simple tests in patient examining rooms.

Richard J. Sassetti, M.D., a Chicago hematologist and chairman of the Illinois State Medical Society (ISMS) Blood Banking and Laboratory Services Committee, is not sure there is a problem. "I don't know how IDPH arrived at their number, where they got their denominator," he said. "We had a devil of a time getting information about how many physicians this [law] would actually impact when we were looking ahead to the law. So I'm not surprised that [IDPH] had to guess, and I would be even less surprised if they guessed wrong."

Dr. Sassetti acknowledged that the Lab Act has until recently attracted little attention among physicians. "A year or so ago, *Chicago Medicine* invited me to write an article about the state law, and I got zero feedback on that article. That to me was a measure of the lack of interest on the part of physicians."

Physicians question the logic of the new regs

But now that physicians are seeing the law in action, they are wondering about the logic of some of its requirements. For example, Ronald L. Johnson, M.D., a Pittsfield family physician, applied for the registration class for his office lab, which

(continued on page 13)



Pittsfield *Pike Press*

Pittsfield family physician Ronald L. Johnson, M.D.

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

On the Legislative Scene



by Caryl Carstens

Death with dignity . . . S.B. 2213, which would set guidelines to allow terminally ill patients, together with their physicians, families or designated surrogates, to decide to withhold life-sustaining treatment without first obtaining a court order, failed in the House Judiciary I Committee. Legislators said the Illinois Trial Lawyers Association's objection to a Senate amendment granting civil immunity to decision-makers was sufficient to kill the bill.

The Illinois State Medical Society (ISMS) and the Illinois Catholic Conference supported S.B. 2213. The bill was opposed by the Illinois Trial Lawyers Association, which objected to the bill's provision granting civil immunity to physicians and decision makers. Pro-life groups also opposed the bill because of its provision for the withdrawal of nutrition and hydration.

Medicaid funding . . . A $71 million transfer of funds within the Illinois Department of Public Aid (IDPA) budget to allow payment in June of Medicaid bills to hospitals, physicians and other health care providers has passed the Senate and been approved by the House Appropriations I Committee in an amended form for consideration by the full House. The committee has added about $2 million in an additional appropriation to the amount approved by the Senate, bringing the total to $73 million.

IDPA warned that without the transfer, it will run out of money at the end of June and will be unable to resume payments until about July 15, when the 1990-91 budget funds will be available. The bill must be returned to the Senate for concurrence if it is passed by the House.

Clinical social workers . . . S.B. 1510, which would require direct reimbursement for clinical social workers by insurers, failed to get approval in the House Consumer Protection Committee. The bill, which had passed the Senate, is not expected to receive any further consideration during this session. The legislation, opposed by the Illinois Psychiatric Society and ISMS, was sponsored by Sen. Emil Jones, Jr. (D-Chicago).

X-ray technologists . . . Following passage in the House, the proposed new Radiation Protection Act of 1990, H.B. 3506, was approved in the Senate Energy and Environment Committee and sent to the Senate floor for action there.

The Senate committee amended the bill to continue present accreditation standards for radiologic technologists including accreditation on the basis of experience. A new provision for a limited license was also approved. New employees in physicians' offices would be given 16 months to prepare, after which they would have an exam in order to receive limited accreditation.

The amendments must be approved by the Senate and the bill then returned to the House for approval of changes. ISMS is involved in discussions among representatives of the health care professional groups involved in the issue.

Driver's license restrictions . . . H.B. 3903, aimed at stricter control of drivers suffering from medical conditions that might impair their driving ability, appears to have faded as an issue. While it passed in the House, the bill, sponsored by Reps. Alfred G. Ronan (D-Chicago), Jack L. Kubik (R-North Riverside) and Robert Bugielski (D-Chicago), was never assigned to a Senate committee for a hearing. It was an outgrowth of the Riverside accident in which a car crashed into a park, killing three children and injuring several others.

AIDS spousal notification . . . H.B. 3998, which would allow a physician to inform the spouse of a patient of his/her positive HIV test result, has passed the House, cleared a Senate committee and is now before the full Senate. The doctor could inform the spouse only if he believed the patient would not do so. ISMS supports the bill, sponsored by Rep. Penny Pullen (R-Park Ridge).

Free clinic care . . . S.B. 1736, which would provide immunity to physicians providing services without charge in a free medical clinic, has passed the Senate, cleared the House Judiciary I Committee, and is awaiting a House vote. The immunity is limited to provision of services not requiring general anesthesia. ISMS supports the bill, sponsored by Sen. Joyce Holmberg (D-Rockford) and in the House by Rep. Peg McDonnell Breslin (D-Ottawa).▲

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

WHO PAYS FOR THE X-RAYS AND LABORATORY TESTS THAT YOU ORDER FOR YOUR PATIENTS?

BCBSI staff frequently receive inquiries from individuals billing BCBSI for laboratory or x-ray services performed at a facility other than the physician's office. Often these questions regard coding claims when the physician has not provided a diagnosis.

One of the requirements for accurately processing a Blue Cross or Blue Shield claim is a valid diagnosis code. When your patient receives the diagnostic tests that you have ordered at a facility other than your office, the facility may not have pertinent patient information when filing the claim.

To assure that your patient's tests can be billed appropriately, so that your patient can receive full benefit consideration, we recommend:

- Designing a space on each requisition form for a diagnosis, symptom, or complaint.
- When ordering tests over the telephone, always give a reason for the tests; if a diagnosis is not possible, a symptom or complaint is acceptable.
- Instructing the person you are ordering the test from to include the diagnosis or reason on their requisition form.
- Using ICD-9 CM diagnosis codes to assure accurate translation of your information to the claim form.

Accurate billing information will assist our members — your patients — in receiving the benefits to which they are entitled.

Thank you for the efforts you put forth in assisting us in providing our members — your patients — with the very best health care service available.

(This report is a service to the physicians of Illinois)
6/22/90

Editorials

The AMA and Illinois physicians

The American Medical Association (AMA) is preparing for its annual meeting this year at a particularly critical time. Externally, the calls grow daily for measures which would restrict physicians' ability to practice medicine independently, professionally and in good conscience; these calls are rising out of a public and business clamor for cost controls and procedural accountability. Internally, the house of medicine is itself divided over a variety of philosophical and managerial issues.

In this context, the AMA's recent financial and organizational difficulties place it in a tough public spotlight. Physicians from across the country are rightfully calling on the organization to renew its effectiveness on behalf of physicians and the public trust. The Illinois State Medical Society (ISMS) has been at the forefront of this effort; ISMS is committed to the health and success of organized medicine at all levels.

We at ISMS, now celebrating our 150th anniversary, are particularly aware at this moment of the history and legacy of medical leadership in public life. We urge the AMA to remember as well its historic roots and to unite all of organized medicine to move forward firmly and masterfully into the future.

Expanding access and contracting manpower

The Medicaid Presumptive Eligibility (MPE) program, which provides broad access to medical care for low-income pregnant women, is a worthy and sincere program. And its expansion is clearly providing the possibility of medical care for more Illinoisans to obtain basic care during the critical prenatal period.

But that expansion has created some real problems, particularly in certain areas downstate that are already facing severe shortages of obstetrician/gynecologists, family physicians and other medical professionals to serve the new patients. Here's a situation where good intentions are leading to unintended and sometimes unfortunate consequences. The Third-Party Payment Processes Committee at the Illinois State Medical Society is currently working with Illinois Medicaid officials to try to come up with solutions to this dilemma.

In the meantime, we urge government leaders and health care officials to consider the availability of medical professionals and the potential for dangerous overload of the system before authorizing the expansion of such programs. Good intentions aren't enough – the possibility of following them through must be there for us to achieve desirable goals. ▲

Illinois Medicine

VOLUME 2, NUMBER 13 **JUNE 22, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Ginny Thiersch, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicego, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The eppeerence of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the edvertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicego Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



President's Column

Tackling the TB challenge of the '90s (the 1990s, that is)



James H. Andersen, M.D.

It seems inconceivable somehow, yet tuberculosis, that scourge of the past, is still far from gone in 1990. The disease, which ravaged the United States and Europe a century ago, swept over in such force then that it was called the great white plague. Today, TB is thought of primarily as a Third World disease, associated with poverty, poor sanitation and overcrowding. But though TB cases in the United States declined steadily from the mid-1950s through the mid-1980s, the disease has been rebounding since then. Of the 22,500 cases reported nationwide in 1989, 1,113 were here in Illinois.

Of the Illinois cases, 684, or 61 percent, were in Chicago, where the disease has emerged as a significant public health threat. Outside Cook, there is a high incidence in the collar counties: Lake, DuPage and Will; in the central Illinois counties of Sangamon, Macon and Champaign; and in East St. Louis and surrounding St. Clair County. Among these, the rate is rising fastest in the collar counties.

The public perception that TB has been eliminated here poses one of the biggest obstacles to its eradication. We must let the public know that this disease is on the increase, and that there are ways for people to protect themselves. Ironically, while the incidence of TB is rising in Illinois, our ability to treat it is far greater than it once was. Earlier in this century, the death rate from TB was 50 percent, since little could be done to help patients. Sophisticated medications are now available to treat TB, but it continues to spread because of lack of education and prevention.

As physician leaders, we must be at the forefront of efforts to eradicate this preventable disease. That is why I am excited to be involved in the County-wide Tuberculosis Elimination Task Force, chaired by Jeffrey Glassroth, M.D., of Northwestern University's McGaw Medical Center. This group provides direction in the overall campaign to eradicate TB. One of its duties has been to report to the Chicago and Cook County health care summit on our program.

One of our specific concerns is the relationship between TB and increases in HIV infection and homelessness. Both of these could push the TB incidence rate higher, particularly in Cook County. Some communities in Chicago are particularly prone to the spread of TB, especially those where people live in crowded conditions, since the disease is primarily spread through close contact. In Cook County, some of the highest levels of incidence have been among the Hispanic and Asian communities. The causes for these high rates are being investigated.

You, as a practicing physician, can begin by raising your own level of awareness of TB incidence. You can also raise awareness among your patients, especially those from high-risk groups: the elderly, HIV-positive patients, people with long-term coughs and members of high-incidence ethnic groups who have had contact with the infected.

I am committed to achieving the task force's goal of a reduction in TB rates in five years to within 5 percent of the previous endemic level of incidence in Cook County. That time may seem far off to us now, but we must recall that in the mid-1950s, the incidence of TB had fallen so low that nearly everyone believed the disease was "taken care of." Let's not fall into that trap again. Let's take care of TB once and for all. ▲

James H. Andersen, M.D.
President

Point/Counterpoint

Point/Counterpoint looks at opposing views on widely debated topics. The American Society of Internal Medicine and the American College of Physicians have put forward contrasting positions on access to health care. The question for this issue:

How can health care for the uninsured be funded?

Comprehensive reform of the system is needed



by James T. Dove, M.D., president, Illinois chapter of the American College of Physicians

"Dogmas of the quiet past are inadequate to the stormy present . . . We must disenthrall ourselves . . . We must think anew and act anew."

Abraham Lincoln

More than 30 million Americans are without any form of public or private health insurance. Another 50 million Americans are underinsured for major medical illness. Patients, insurers, government and physicians are frustrated with the current system. For the past two to three years the American College of Physicians (ACP) has extensively discussed and evaluated the problems associated with the current medical system and access to care. Input from the elected officers, membership, consultants, and from annual and regional meeting participants has culminated in the publication of the access to care project in the *Annals of Internal Medicine*, May 1990.

Many solutions have been proposed; however, they are seriously flawed and fail to solve the complex problems encountered with the present system. With ever-increasing harassment, liability and administrative burdens, few physicians believe expanding the current system is the answer. New and innovative programs are necessary to address the issues of access, cost, quality of care, utilization review, liability and other problems. Piecemeal solutions will not suffice where comprehensive reform is necessary. The ACP position paper sets forth criteria to be used as a yardstick to measure the goals and objectives of any reform package. The criteria published by the ACP are not intended to be all-inclusive and are listed categorically rather than in order of priority.

Benefits

•There should be a mechanism for determining the scope of benefits.
•There should be a uniform package of benefits for all.
•Decisions regarding coverage should be based on clinical effectiveness.
•Coverage of benefits should be continuous and independent of place of residence or employment.

Financing

•Financing should be adequate to eliminate financial barriers to obtaining needed care.
•There should be a mechanism for controlling costs.
•Administrative expenses and procedures should be minimized.
•Professional liability costs should be minimized.
•Existing sources of revenue should be incorporated into any new financing system.

Organization and Delivery

•There should be an adequate infrastructure in terms of facility and manpower to deliver optimum health care effectively and efficiently.
•There should be a mechanism to assure quality.
•Innovation and improvement should be fostered.
•The system should be flexible.
•Incentives should be provided to encourage individuals to take responsibility for their own health, seek preventive health care and pursue a healthy lifestyle.

Satisfaction

•The patient should be satisfied.
•Physicians and other health care professionals should be satisfied.

The problems that Illinois physicians and patients encounter are not unique to this state. They are national problems that require national solutions. If you are happy with Medicare down-coding, unreasonable and unnecessary care statements, Medicaid reimbursements of 30 to 40 percent, utilization review that interferes with patient care, defensive medicine and medical liability, then you will love further expansion of the current system in the form of mandated employer health coverage and expanded Medicaid eligibility. If you are frustrated with these problems, then you will clearly see the need to lead the charge for thoughtful and progressive reform. Nearly all segments of society are demanding change. As physicians, we can stand as a barrier to change and be trampled by the charge. On the other hand, we can lead the reform to correct the system's inadequacies. Short-term solutions that build on the strengths of the current system are necessary because of the urgency of the problems. But they should be developed in the context of a long-term plan that solves the present system's ills. A national health policy is necessary. The ACP has not endorsed a government-run system; it does support a system based on the criteria as outlined with basic health care benefits and access for all Americans. As physicians, it is hard to disagree with that objective. ▲

Mandatory employee benefits are the answer



Wayne Baranowski

by Eugene Anderson, M.D. president, Illinois Society of Internal Medicine

Health insurance programs have been available in the private sector for half a century. Originally limited to excessive expense, they have become increasingly complex and extensive. Despite this, and despite the addition of entitlement programs, 37 million Americans have no insurance and millions of others are inadequately covered. 1989 figures indicate 1,606,827 uninsureds in Illinois or 13.8 percent of the state population.

Now it is certainly true that the uninsured have always been among us. In low-tech times, their needs were met by a system that possessed sufficient flexibility to absorb this impact. Undoubtedly, some cost shifting has occurred but not to a critical degree, and physicians have been justly proud of their traditional (and continuing) willingness to provide free care to the indigent. Altruism, however, will no longer sustain such a system when faced with accelerating costs generated by an increasingly expensive technology. Without expanded access, the best and most sophisticated health care will be available to relatively few; others given lesser care, perhaps with delays and rationing. This has moved the complex problem of health care access to the front burner, where it will undoubtedly stay regardless of what, or who, is cooked in the process.

The American Society of Internal Medicine (ASIM) and the American College of Physicians (ACP) have recently developed significantly different approaches to these problems. I will endeavor to sketch in some of the fundamental concerns of ASIM. For a more detailed development of arguments I would refer you to a recent publication, *Ending Separate and Unequal Health Care – Proposals of the American Society of Internal Medicine.*

Central to all suggestions is the funding problem. The law of "no free lunch" applies, and if total federalization is to be avoided, workable, affordable monetary support systems must be developed. ASIM suggests this be accomplished in the work place.

In October 1988 the ASIM House of Delegates, representing all aspects of the society, became the first medical organization to urge that mandatory health insurance be provided to workers by employers. This concept has been adopted by already proposed federal legislation (The Basic Health Benefits Act) and by the Pepper Commission, a bipartisan group formed to deal with the health care access problem. In Illinois, if the law were enacted, another 998,000 would come under the umbrella.

And what effect will such programs have on the business world? Understandably, concern has been voiced in some degree of apprehension. Studies appear to show a tolerable effect on large employers. According to the U.S. Senate Labor and Human Resources Committee, a managed-care plan would cost such an employer four-tenths of one percent of total wages and can be lived with.

The small employer will run costs 10 to 15 percent higher than the "big boys." This has not been overlooked. Proposed legislation will offer significant tax incentives to the small employer and will also include insurance industry reforms, most notably the elimination of experience rating, a traditional practice which denies benefits in part or entirely for pre-existing illness. This has effectively eliminated coverage for those most in need and can no longer be tolerated. Development of state-run risk pools for high-risk individuals, an American Medical Association proposal, might well provide further support and reduce hazard for such programs in the private sector.

The unemployed will also need support. Medicaid must be converted from a welfare program to a source of funding for all who cannot obtain employer-based insurance.

Some have argued that private sector systems have not answered the nation's needs and should therefore be scrapped. In fact, the insurance industry has evolved to meet individual needs, electively sought in a competitive marketplace, and has never yet addressed this as the societal problem it now is. To argue that it has failed, when it has not been so directed, is specious and misleading.

Finally, do we as a nation seek an entirely federalized system with an inevitably expanded tax base and equally inevitable restrictions on freedom of choice so dear to the heart of Americans? What can we expect of the federal health care bureaucracy when it becomes the only player in the game? The imagination boggles.

Having problems with Medicare, Doc? Wait till you see what they can do when they have all the marbles. ▲

CASE *in* POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

If these were your patients, how would you have handled these cases?

Case #I

Presenting complaint and initial diagnosis – A 64-year-old school cafeteria worker went to see her family physician for removal of an unsightly mole that had developed on her upper right arm. The physician excised the mole in his office and concluded it was benign.

The case in brief – The woman returned to the office again three months later, complaining that another mole had developed in the same location. Once again, the physician excised it, but this time he sent a specimen to a pathologist for examination. The pathologist reported it was benign. Six weeks later, the woman presented with a growth on her right shoulder. The physician removed it in his office and sent the specimen to the pathologist, who this time diagnosed the tissue as malignant melanoma with metastasis. More radical surgery and chemotherapy did not alter the course of the disease and the patient died six months later.

The resulting claim – The woman's family sued both the family physician and the pathologist, alleging failure to diagnose; delay in diagnosis; failure to order appropriate tests; failure to treat in a timely, appropriate fashion; and incorrect test results on the second mole.

The outcome of the claim – The pathologist settled for $60,000 out of court before the trial began. The defendant physician argued that the removal of the first mole was proper, that it was correctly diagnosed as benign, that follow-up care was proper and that the second mole was a new lesion, improperly termed benign by the pathologist. He produced comprehensive medical records documenting his findings, his actions and the logic for his treatment plan. A jury found the defendant physician negligent but concluded that negligence was not the proximate cause of death. No damages were awarded.

Case#2

Presenting complaint and initial diagnosis – A 25-year-old service station operator sought a physician about a raised, dark-colored mole that had developed on his upper left arm. The physician examined the mole, concluded it was benign and sent the patient home. Three months later, the patient returned, worried because the mole was growing and thickening. He wanted it removed. The physician cauterized it. Twice within weeks, the mole returned and the doctor twice cauterized it. The man then went to a dermatologist who excised the recurrent mole and ordered a biopsy, which revealed a 4cm Grade 4 nodular-type malignant melanoma. Four months later, the lymph nodes under the patient's left arm were found to be enlarged. At excision they were found to be malignant and metastasis was confirmed. Despite aggressive chemotherapy, the patient died nine months later.

The resulting claim – The wife and the three children of the patient sued the first treating physician, alleging failure to diagnose, delay in diagnosis and improper treatment, all hastening his death.

The outcome of the claim – Expert witnesses testified that the physician had violated the appropriate standard of care, failed to diagnose a condition that any reasonable physician would have diagnosed and failed to perform timely biopsies. The physician's records were sketchy at best, and he was unable to present strong arguments on his behalf. A settlement for $865,000 was made just before the case went to the jury.

Case#3

Presenting complaint and initial diagnosis – A 35-year-old lathe operator lacerated his right arm at work, "knocking off a pretty good-sized mole," he told his family physician the next day. The physician examined the injury and debrided it.

The case in brief – Four days later, the patient returned to the doctor because the injury was still bleeding and indurated, with red streaks radiating from it. There was no indication a mole had been present. The doctor cauterized the wound, prescribed penicillin for infection and sent the tissue for study. The report was negative. When the patient returned for a dressing change, the wound was still bleeding and was again cauterized. When the doctor saw the patient about a week later, the wound appeared to be healing. Five months later, the patient returned complaining that there was a mass in his right axilla "about the size of a walnut." The physician diagnosed a sebaceous cyst, probably related to the earlier wound infection, prescribed more penicillin, and sent the man for a chest x-ray and lab work. These reports were negative. Upon his return five days later, the mass appeared smaller but the doctor recommended that the patient have a biopsy performed and referred him to a specialist. The patient did not follow up. However, within weeks the man developed pain in his hip, thigh, knee and back, and sought care at a large medical center. A biopsy revealed the axillary lump to be a malignant melanoma with bone and pulmonary metastasis. Despite radical surgery and aggressive treatment, brain metastasis occurred within four months and the patient died.

The resulting claim – The patient's family sued the family physician, the initial pathologist, the surgeon and the hospital in which the patient died for failure to diagnose, failure to treat in a timely, appropriate fashion, negligent treatment, and wrongful death.

The outcome of the claim – The first pathologist successfully argued that the initial specimen was inadequate for diagnosis. The action against the surgeon was dismissed. The hospital settled earlier. The family physician eventually settled for $165,000 when experts agreed that, although the malignancy may have been present at the patient's first visit after the injury, a proper biopsy, based on a larger specimen, would have made early diagnosis of the problem possible. The acceptable treatment would have been to perform an excisional biopsy with a wide local incision and to consider a lymph node dissection at the same time. Although the eventual outcome would not have changed, the disease might not have had such a rapid course.

The points these cases make – Malignant melanoma is the most rapidly increasing type of cancer in the United States, according to the American Cancer Society. An estimated 28,000 new cases will be diagnosed this year, twice the number reported a decade ago. As many as 6,000 Americans will die of the disease, even though developments in the last 10 years have increased the chances of survival when malignant melanoma is diagnosed early and treated aggressively.

Illinois State Medical Society advisers suggest that physicians refresh themselves on some basic points that are important in detecting and immediately treating malignant melanoma:

•Carefully examine moles that appear abnormal, have irregular margins or shapes or unusual color, ulcerate or bleed easily. Is the mole thickening or developing a lump?

•Question patients about these moles. Have they developed recently? Are they growing rapidly? Don't assume that melanoma is not present because pigment is absent. Frequently, the rapid growth of melanoma outstrips pigment formation.

•If there is any question about a suspicious mole, impress upon the patient that excision and a biopsy are imperative and that no time should be lost.

•If a physician excises a mole, he/she should send a proper tissue specimen for pathological study.

•Palpate lymph nodes for possible swellings and check for other possible nodules or lumps that could indicate possible metastasis.

•If melanoma is improbable, note this in the chart, ask the patient to keep a close watch on the questionable mole and to call you if it should change. Follow up at the next visit.

•Document what you observed, what you did or recommended and indicate your follow-up plans after each visit. Attach related lab reports where they are visible.

•Teach your patients to be alert for moles that change and to report to you quickly any suspicious ones. ▲

Medical Update: Physicians aren't only ones who burn out

Physicians and other medical professionals must guard against burn-out. But you should also be alert to patients or families who become over-stressed. Especially parents of children with disabilities.

Now there is help. **Time Out** is a new respite care service offered by the Illinois Children's School and Rehabilitation Center in Chicago.

Located near the University of Illinois' Circle Campus, ICSRC's **Time Out** service provides temporary care for children with physical or medical impairments.

Time Out will take youngsters for as short as two hours, so mom or dad can run an errand, or up to two weeks, allowing parents to take a vacation. They will be cared for by trained staff, and participate in activities with ICSRC students.

Time Out accepts youngsters with disabilities ages 5-21, who are medically stable and free of life support or tube feeding systems. The service is provided on an affordable sliding fee scale.

ICSRC is a residential school for children with severe disabilities, operated by the Illinois Department of Rehabilitation Services.

For more information or to make a referral, contact Olive Dilworth at ICSRC, 1950 W. Roosevelt Road, Chicago, IL 60608, 312/413-1812.

TIME OUT
A Break for Families

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

The tireless reformer

IT'S A WONDER Nathan S. Davis, M.D., (1817-1904) ever had time to see any patients. He was the driving force behind the creation of the American Medical Association (AMA), which he helped organize in 1846 while practicing in New York, as well as the Chicago Medical Society and Mercy Hospital. He wrote a host of articles and textbooks, and edited as many as eight different periodicals, including the first volume of the *Journal of the American Medical Association.* He was also a tireless advocate for sanitation reform and temperance.

Nonetheless, Dr. Davis actually did practice medicine, and with some aplomb, as the following anecdote from the *History of Medical Practice in Illinois (Volume I)* illustrates. It seems he was asked to consult with the Palmer House Hotel's physician on a case involving a wealthy and distinguished guest. Dr. Davis spent a significant amount of time ensuring the accuracy of his diagnosis, then asked for only $10 as a fee.

"But that is too little for such people to pay," said the hotel doctor. "They are very wealthy."

"Makes no difference," said Dr. Davis. "That is my charge."

"I shall render a bill for $100, as they can well pay it for the time you gave them," suggested the hotel doctor, trying to be helpful.

"If you do," said Dr. Davis, "I shall send you back $90 of it."

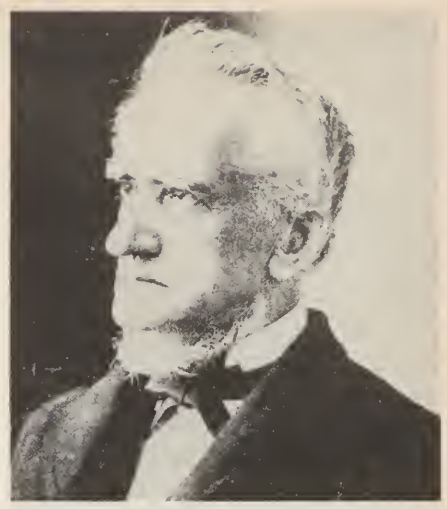
Dr. Davis brought this same integrity and candor to all his endeavors. In the early days of the AMA he became well-known for his attacks on contemporary medical education, which he said had left America "full of half-educated physicians." The physicians themselves he often referred to as "quacks" and "irregulars."

Dr. Davis got the chance to put his words into action in 1849, when he was recruited to join the faculty of Rush Medical College. He immediately called for a decrease in school fees (to encourage more students to apply), fewer and less repetitious lectures, daily clinical experience in hospitals and a graded sequence of courses. Another innovation was requiring students to study anatomy and physiology before practical medicine and surgery.

Many of Dr. Davis' reforms were adopted, but not without considerable struggle and furor. By 1859, faculty resistance to his curriculum changes had driven Dr. Davis to resign from Rush Medical College and from the Chicago Medical College (now the Northwestern University Medical School). As Thomas N. Bonner reports in *Medicine in Chicago, 1850-1950,* for years afterward the Rush students and supporters disparagingly referred to Dr. Davis as "the Apostle" and to his institution as "the Reform School."

Interestingly enough, Bonner writes that the progressive Dr. Davis had initially been a vocal critic of the germ theory, which had found wide acceptance in Chicago in the 1880s and '90s. He was apparently wary of any theory purported to be the ultimate answer to human disease, and at the time, some believed that cancer, heart disease and other non-infectious diseases could also be caused by a bacillus. A staunch lobbyist against urban filth and squalor, Dr. Davis also feared that medicine would become so enamored of the search for germs that it would overlook the impact of poor sanitation and the lack of health education.

He did eventually accept the germ theory, but Dr. Davis never gave up believing that public health reforms were as important as microbes in the prevention of illness. "That all diseases may be the result of germs I will not contend," he wrote in 1895, "but I think we have fallen far short of reaching them on this basis, and I think that some day our younger men will have to unlearn some of the things they are learning today." The development of medical thought and education in the 20th century has proven that in this regard, Dr. Davis was once again a man ahead of his time. ▲



Nathan S. Davis, M.D. Photo courtesy Illinois State Historical Library



Because safety cannot be taken for granted in H_2-antagonist therapy

AXID®
nizatidine

Minimal potential for drug interactions

Unlike cimetidine and ranitidine,[1] Axid does not inhibit the cytochrome P-450 metabolizing enzyme system.[2]

Swift and effective H_2-antagonist therapy

- *Most patients experience pain relief with the first dose[3]*
- *Heals duodenal ulcer rapidly and effectively[4,5]*
- *Dosage for adults with active duodenal ulcer is 300 mg once nightly (150 mg b.i.d. is also available)*

References
1. *USP DI Update, September/October 1988, p 120.*
2. *Br J Clin Pharmacol 1985;20:710-713.*
3. *Data on file, Lilly Research Laboratories.*
4. *Scand J Gastroenterol 1987;22(suppl 136):61-70.*
5. *Am J Gastroenterol 1989;84:769-774.*

AXID®
nizatidine capsules

Brief Summary. Consult the package literature for complete information.

Indications and Usage: 1. *Active duodenal ulcer*—for up to eight weeks of treatment. Most patients heal within four weeks.

2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than one year are not known.

Contraindication: Known hypersensitivity to the drug. Use with caution in patients with hypersensitivity to other H_2-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests—False-positive tests for urobilinogen with Multistix® may occur during therapy.

Drug Interactions—No interactions have been observed with theophylline, chlordiazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H_2-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H_2-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H_2-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

PV 2098 AMP [091289]

Additional information available to the profession on request.

Lilly **Eli Lilly and Company**
Indianapolis, Indiana
46285

NZ-2924-B-049310 ©1990, ELI LILLY AND COMPANY

Axid® (nizatidine, Lilly)

Sexual harassment in a medical setting: some cautions

by Lindsey Tanner

A SOUTHERN Illinois physician is accused of sexually fondling a female student who had sought a routine sports physical exam.

A Chicago-area resident in plastic surgery is accused of molesting and asking sexually explicit questions of a female patient who had complained of an ear infection.

These cases recently brought before the Illinois Department of Professional Regulation (IDPR) are black-and-white examples of a troubling gray area in the medical profession—sexual harassment.

Experts say documented cases of sexual harassment—ranging from telling ribald sexual jokes to physically accosting a patient or colleague—are not common in medical settings.

But they do happen occasionally, causing emotional distress to the victim and consequences ranging from professional embarrassment to loss of license, malpractice accusations and criminal charges against the physician involved.

The first physician described above had his license suspended; the second was denied a permanent license.

Because it is quite possible that entirely innocent gestures or remarks might in certain instances be misconstrued as harassing, practicing physicians should take extra caution to avoid any possible appearance or interpretation of behaviors as harassment, experts advise.



Chiara Padgett

The varieties of harassment

Sexual harassment can happen to men and women in any setting. Women are the more frequent victims, and some say the environment is ripe in medical settings because of the nature of the business.

"Physicians are among the few people we go to who, when they say, 'Take off your clothes,' we say, OK," notes Saul J. Morse, general counsel for the Illinois State Medical Society (ISMS).

"They are among the few people who, when they touch our bodies . . . we assume it's part of the job," Morse adds. "For that reason physicians are somewhat more at risk" for legal complaints.

Depending on the circumstances, sexual harassment is a violation of the Illinois Human Rights Act, the state Medical Practice Act as well as federal civil rights laws. State law also prohibits psychiatrists from "engaging in a sexually inappropriate relationship with a client/patient," Morse says.

He adds, "There are a number of criminal charges that can be brought for non-consensual sexual acts which don't go to the extent of rape."

Sexual harassment rare in medical settings

Sexual harassment cases are very small in number compared to other employment-related cases. Of the 1,750 employment discrimination cases handled in 1989 by the Chicago Equal Employment Opportunity Commission (EEOC) office, which covers most of Illinois, only 75 were sexual harassment cases, reports Mitchell Edison, a spokesman for that office. Edison adds that he does not know how many of those harassment cases involved medical settings.

Of the 1,120 medically related complaints filed in 1989 with the Illinois Department of Professional Regulation (IDPR), 39 involved allegations of sexual misconduct. Of that number, 26 were recommended for prosecution, according to a recent report in the *Daily Herald*. According to IDPR spokesperson Geri Miller, IDPR does not keep track of sexual harassment cases as a separate category in its disciplinary action record-keeping.

Under state and federal law, there are two basic areas of sexual harassment. One is called quid pro quo, "which is simply something for something—you do this for me and you get this," making sexual behavior a condition for job favors, says Richard Battles, spokesman for the Illinois Department of Human Rights, the state office that handles complaints of on-the-job sexual harassment.

"The other general area is the hostile work environment," Battles continues. "That can include a lot of things such as nudie pictures on the wall, sexually suggestive behavior," or telling ribald sexual jokes on the job.

"The person can say, 'I don't want that,' and anything beyond that is sexual harassment," he adds.

Battles also does not have statistics on sexual harassment cases his department has seen.

"If you're a nurse walking down the hall doing your duties and every time you walk past a certain doctor you get a pat on the fanny, that's sexual harassment," says Edison, who adds that the EEOC handles sexual harassment cases involving settings with at least 15 employees.

But the circumstances often are not that blatant.

"It's a very gray area and part of the problem is it's so gray that it is hard to say what is sexual harassment," Morse notes.

"Obviously, somebody requests sex of you, [or in case of] the non-consensual touching of a sex organ, clearly that's sexual harassment. Or somebody makes comments about the way somebody's dressed . . . could be construed as sexual harassment and could be the basis of a sexual harassment suit," he adds.

"It's a very difficult area," especially when doctors and patients are involved, "because there is very frequently a medical need for an examination . . . including the touching of a patient's body, which some say could constitute a sexual touching," Morse says.

"That includes men and women. Traditionally we think of a male doctor and a female patient, but it's just as possible with a male patient, checking for a hernia and the like," he says. "It comes down to inappropriateness—when do you need a patient to disrobe?"

Harassment in a hospital setting

If the incident occurs in a doctor's office, both the individual who is doing the harassing and the practice can be held responsible, Battles notes.

If it occurs in a hospital, the victim is responsible for reporting it to a supervisor, Battles says, adding that the hospital then becomes responsible for stopping the harassment.

Most hospitals have some policy defining what behavior constitutes sexual harassment, and those that don't should have one, says Adele Rapport, a Chicago attorney who has represented major companies in sexual harassment cases.

"They're very expensive cases, they're very emotional cases, both from an employer and employee standpoint. . . . And even if there's no merit to a plaintiff's complaint, it's going to be very emotional," Rapport says.

The policy spelled out in the employee handbooks at Rockford Memorial Hospital is typical of those provided by many employers.

Employees are told they "have a right to have an environment free of sexual harassment," which is defined as sexually oriented verbal kidding or abuse, unwelcome physical contact or implications of sexual favors, according to Jerry Olson, Rockford Memorial's assistant vice president of human resources.

"The way we look at it, it's only harassment when the person says 'cease and desist,'" Olson says.

"We've had a few cases," he says, declining to discuss the circumstances.

Olson notes that with the large percentage of women working in hospitals—Rockford Memorial's employee population is 89 percent female—plenty of possibilities exist for accusations of sexual harassment.

"I don't want to say that male doctors are sexist," he says. "But sometimes they may tend to look at nurses as a kind of handmaiden to the physician," and that kind of attitude could lead to harassment.

It often has more to do with power than sex, says Linda H. Holt, M.D., a Skokie obstetrician/gynecologist; and hospitals have hierarchies with "built-in superior/inferior roles" that can create the right environment for harassment.

"What in the setting lends itself to the problem is the physician's ego, which tends to be built up a lot, a kind of 'I can do no wrong mentality,' so that it never dawns on physicians to question their motives," says Dr. Holt.

Dr. Holt says she has never been a victim of sexual harassment, but has seen it between doctors and other doctors, doctors and nurses, and doctors and medical students especially.

Both hospitals she is associated with—Evanston Hospital and a suburban branch of Rush-Presbyterian-St. Lukes Medical Center—have written policies on sexual harassment.

But Dr. Holt says that most cases don't get reported, usually because the woman is afraid to jeopardize her position or doesn't know where to seek help.

Avoiding any and all accusations

While sexual harassment in the medical setting appears to be a limited phenomenon involving small numbers of individuals, the possibility always exists that words, gestures or behaviors could be misinterpreted.

To keep the numbers low, experts advise using extra caution, common sense and courtesy in all contacts with patients and colleagues.

An example is Morse's advice that male gynecologists always ask female patients if they want a female nurse present during an examination.

"If a patient said, 'No I don't,' I think I would make a note that it was offered," he says.

"Cautious and aware" are the watchwords Morse advises doctors to use to avoid being accused of sexual harassment.

"You're risking a malpractice case, you're risking a disciplinary case that could result in loss of license," he says, "and you're potentially risking a criminal case." ▲

Cook County task force calls for TB eradication

RESPONDING TO A federal appeal for the elimination of tuberculosis (TB), a Cook County task force established last February is calling on physicians to help eliminate 95 percent of the country's indigenous TB by 1995.

According to Jeffrey Glassroth, M.D., who chairs the 12-member County-wide Tuberculosis Elimination Task Force, the group is responding to a U.S. Public Health Service plan for TB elimination endorsed by Louis Sullivan, M.D., U.S. secretary of Health and Human Services.

"Dr. Sullivan challenged health professionals to use improving tools and drug treatment regimens to eradicate TB," said Dr. Glassroth, a Northwestern University McGaw Medical Center pulmonary specialist. The task force, which includes representatives from Cook County's health care, academia and private sector, "would like to use its expertise, energy and contacts with a number of Chicagoland groups to push all individuals and organizations to maximize their efforts toward complete TB eradication."

The task force's main goals include prompt reporting and effective treatment of all active TB cases, testing of high-risk groups and individuals who have been exposed to new cases and preventive chemotherapy for all active cases.

Dr. Glassroth named HIV infection and AIDS, immigration patterns and homelessness as reasons for the TB increase. Next to AIDS, tuberculosis ranks second in the number of deaths among reportable contagious U.S. diseases.

"We want to assist those agencies responsible for tuberculosis control by providing guidance, counseling and the help to raise more funds for screening and preventive programs, if needed," said Allan Shaw, Chicago Lung Association executive deputy director and a task force member. He added that greater TB awareness within the public sector and in private medicine and implementing patient education programs are also key objectives of the task force.

Cook County accounts for 75 percent of Illinois' reported TB cases, said Ben Atkinson, chief of the Illinois Department of Public Health (IDPH) TB control section. "About 60 percent of the county's cases are in the city of Chicago and 10 to 15 percent in suburban Cook County.

"Meanwhile, Lake, DuPage, Will, Sangamon, Macon and Champaign counties account for the rest of Illinois' TB cases, with another pocket in East St. Louis and St. Clair county," said Atkinson.

"Tuberculosis cases in suburban Cook County have stabilized in the past two years, while the collar counties have shown a dramatic increase in TB since last year," according to James Gallai, M.D., clinical director of the Tuberculosis Sanitarium District in Forest Park.

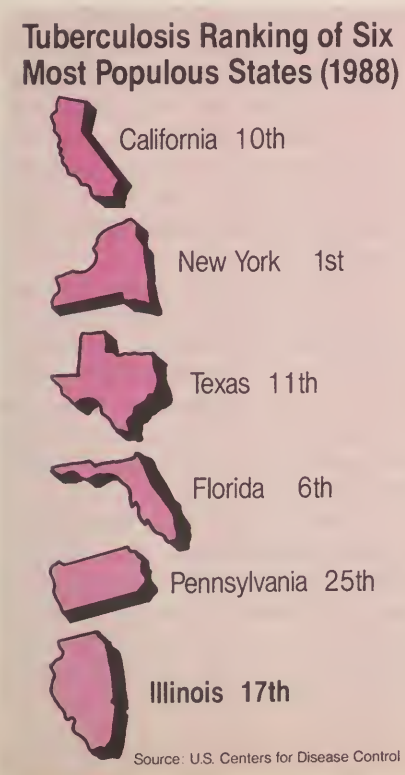
Dr. Gallai said the majority of individuals stricken with tuberculosis are foreign-born or minorities. "There's a fair amount of immigration to Cook County and suburban Cook County by people from countries such as Korea, the Philippines, Mexico and India, which have a very high TB prevalence."

The federal Centers for Disease Control in Atlanta reported a decline in national TB cases from 1953, when 84,304 cases were reported, to 1984 with 22,255 reported cases. In the past several years, an upswing in Illinois and across the country has recharged efforts to stop the disease.

"It is ironic that after 68 years of successfully battling TB, the Chicago Tuberculosis Institute changed its name to the Chicago Lung Association in 1974, with some confidence that TB was a disease of the past," Shaw said. "Yet here we are, 16 years later, gearing up for a major push."

"The TB eradication program really suffered from its own success," Atkinson said. "The steady 30-year decline led to a determination that outpatient therapy was preferable to institutionalizing, so we closed all the TB sanitariums. The general perception has been that we no longer have to worry about TB. As a result, funding has suffered and physicians may not be as 'TB alert' as they should."

"The private sector of medicine, as opposed to the public arena, found 70 percent of Chicago's new TB cases in 1988," said Shaw. "This emphasizes the need for continued awareness on the part of private physicians, hospitals, nursing homes and clinics: TB is not dead."



ISMS president calls for M.D. education

James H. Andersen, M.D., Illinois State Medical Society president and a member of the TB task force, stressed the need for additional emphasis on TB education in medical schools. "There's a generation of doctors that have never seen a TB case. The medical schools now teach about tuberculosis, but certainly not to the degree they did when I went to school," said Dr. Andersen. "We must ask deans and curriculum committees to consider increasing students' TB knowledge and at the same time, re-awaken practicing physicians about this trouble."

John Kuharik, director of the Chicago Department of Health TB control division and a member of the task force, said the group will strive for increased TB research and TB elimination task forces within local communities. The task force recently forwarded broad recommendations for the elimination of TB to the Chicago and Cook County health care summit.

Donald Graham, M.D., chairman of the Illinois Board of Public Health Advisors and of the division of infectious diseases at Springfield Clinic, and clinical associate professor at Southern Illinois University School of Medicine, advised private physicians to recognize populations most at risk for tuberculosis: immigrants, HIV-infected individuals, individuals with long-term coughs or who have weak immune systems, such as babies and elderly people; and especially people who have been previously treated for TB.

Individuals exposed to long-term TB in their youth can unknowingly carry a low-grade TB infection, Dr. Graham added, weakening the immune system if infected with another illness in later years. Physicians should re-interview any patients with past TB histories and review their treatment schedules to make sure they are adequate, he said.

Dr. Graham also advised physicians to consider TB as a possible cause for a patient who does not recover from pneumonia. "We are discovering rather late that some patients have TB. If we had done a TB skin test, we could have found these cases earlier." He stressed that children should also be tested for TB, as the state requires. ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

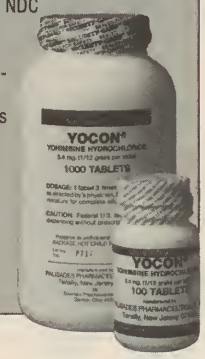
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Medicaid expansion for pregnant Illinoisans adds new strains to the system

by Karen Beshears

ILLINOIS' RECENTLY inaugurated Medicaid Presumptive Eligibility (MPE) program, which continues to expand access to medical care for low-income pregnant women, is creating new problems for the state's providers of care to the indigent.

Health care professionals in diverse areas of the state have been reporting that the recent expansion of the MPE program is overwhelming existing services for the medically indigent. And they maintain that the problem of adequate access for these patients will continue as long as the cost of defending against malpractice claims keeps obstetrician/gynecologists, family physicians and other doctors out of underserved areas.

The difficulties of handling the MPE expansion in turn mirror the broader problem of providing adequate prenatal care for all Illinois women, regardless of whether they have private insurance, Medicaid or no insurance at all.

MPE has expanded income guidelines so that a woman can now qualify for public assistance if she earns 133 percent of federal poverty guidelines. According to MPE procedures, a woman who declares her income to the Illinois Department of Public Aid (IDPA) will be authorized for Medicaid payment for up to 45 days of care until her income has been checked.

But a number of counties, including Rock Island, Will and Macon, are finding their existing services inadequate to handle the enlarged patient base. In the past, all three counties have had referral systems in place to serve low-income women ineligible for public aid, with services paid for by the Illinois Department of Public Health (IDPH).

The Illinois State Medical Society (ISMS) Third-Party Payment Processes (TPPP) Committee has been meeting with Medicaid officials about the federally mandated MPE, which allows states to pay for care for women at income levels up to 185 percent of federal poverty guidelines.

"Any physician would have to say that caring for all patients is proper and right. But the feds forget when they send this money there's still a finite number of OBs," said TPPP Committee Chairman Alfred J. Kiessel, M.D.

Rock Island and Joliet physicians overwhelmed

In Rock Island County (which includes the Quad Cities), the MPE edict was coupled with an obstetrician's closure of his practice, sending about 90 pregnant women into the practices of 12 remaining specialists in the county.

The Rock Island County Medical Society's (RICMS) OB/gyn referral system was already at an all-time high of 953 referrals, or nearly 40 percent of the 2,062 births in 1989.

During the first four months of 1990, RICMS received 385 referrals, and leaders predict a 60 percent Medicaid case load among all patients this year.

So on April 30, RICMS President Thomas J. Stoffel, M.D., placed a cap on referrals of 13 per week to prevent obstetrician "burnout."

"We're starting to know that we have to recruit significant numbers of new people, either in private practice or clinic situations. We need people to deliver these babies."

"If I keep doing this high rate I won't be able to survive. At this age, [51] I'm burning up," said Shashi Upadhya, M.D., a former RICMS president with 19 years in obstetrics.

"People get the impression it's just because IDPA isn't paying us enough money. I don't care if they pay me $10,000 a delivery, I'm not going to do more than 14 to 15 a month [as recommended by the American College of Obstetrics and Gynecology]," said Carol Hopper, M.D., a five-year OB in Rock Island.

"I'm going to look like a bad guy, but I can't take care of society," Dr. Hopper continued. "The legislators are patting themselves on the back for helping people on public aid, but they're breaking the back of the doctors."

The Will-Grundy County Medical Society (WGCMS) in Joliet reports 1,000 Medicaid births out of a total of 5,300 to 5,500 births annually. While 17 doctors deliver infants at two hospitals, there are only 12 obstetricians, about half the specialists of 10 years ago.

WGCMS is more concerned about the lack of specialists. "The changes in Medicaid have had an adverse impact, but nobody's complaining about it. The real problem is the shortage of obstetricians in Illinois," said Ronald Batozech, WGCMS

(continued on next page)

For Your Patient Referral Needs

One Call Gets Us All
1-800-472-3660
or
Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex

MEDICAL COLLEGE OF WISCONSIN

Medicaid

(continued from page 10)

executive secretary.

Dr. Kiessel said MPE also affected Decatur, although two hospital clinics were already established. Medicaid births account for 35 to 40 percent among all patients.

Some physicians do not participate in clinics because of malpractice suits filed by clinic patients. "So we're not sure what will happen here," Dr. Kiessel added.

Rock Island County is forming a task force of providers to determine a solution, such as establishing a special clinic. Will County already has such a task force.

"It's caused us to really start to dig for solutions," said Paul McDevitt, M.D. of Rock Island, the unofficial chairman of the RICMS informal obstetrics referral system. "We're starting to know that we have to recruit significant numbers of new people, either in private practice or clinic situations. We need people to deliver these babies."

Obstetrician recruitment has had little success because of liability costs. Rock Island County obstetricians pay premiums averaging about $35,000; Will and other Chicago "collar" counties pay an average of $50,000 to $60,000.

Dr. Hopper says there are 10 jobs available for every new obstetrician nationwide. "Why would anyone want to come where there is 60 percent Medicaid and the malpractice situation in Illinois is terrible?" ▲



Sandy Adams/The Photo Partners

Chicago Mayor Richard M. Daley (far left) and Richard Krieg, Ph. D., Chicago's acting health commissioner, inaugurated May 31 the Chicago CareVan program to bring immunization and education to Chicago pre-schoolers and children.

Medicare Part B seminars to explain new billing requirements to physicians

EFFECTIVE SEPTEMBER 1, physicians will be required to submit Medicare Part B claim forms for Medicare patients regardless of whether they accept assignment. Non-participants still have the option of accepting assignment on a case-by-case basis. Physicians may not charge patients the costs of processing the paperwork, said Kathie Wood, a Medicare Part B professional relations representative. The U.S. Congress in 1989 drafted the provisions as part of the Omnibus Reconciliation Act of 1989 (OBRA 89).

A series of seminars throughout Illinois will inform physicians about the Medicare Part B billing requirements resulting from OBRA 89. The free seminars, sponsored by Blue Cross Blue Shield of Illinois – Illinois' Medicare Part B carrier – begin in July in Mt. Vernon and continue through August in various cities across the state.

Glenn Richards, a Medicare Part B professional relations representative in Chicago, told *Illinois Medicine* that bulletins with seminar reservation forms and a list of dates and locations were mailed recently to 28,000 Illinois physicians and suppliers. A planned second mailing will include an agenda.

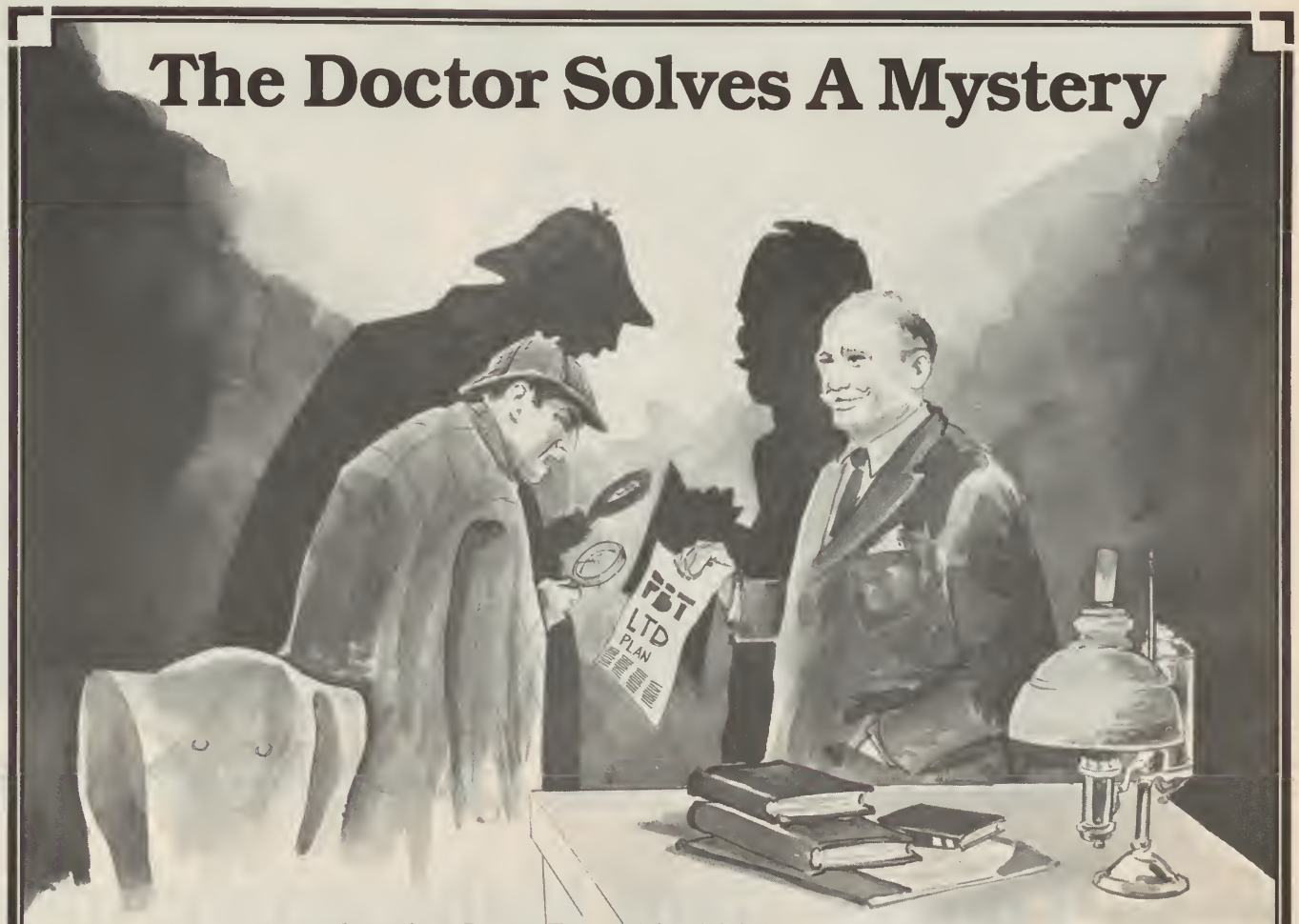
The seminars will address a variety of subjects related to claim filing, in addition to informing physicians of the new billing requirements, and handouts will be available.

The required form for filing is the HCFA-1500, which is currently in use but being updated, according to Wood. A beneficiary claim form, HCFA-1490S, will be obsolete, and claims filed by the beneficiary after September 1 will be denied.

BCBS will monitor compliance. Physicians who fail to submit a claim form for Medicare beneficiaries may be subject to fines up to $2,000 for each violation.

For additional seminar information contact the Medicare Part B office in Chicago at (312) 938-7923. ▲

The Doctor Solves A Mystery



"Homes, here's a Long Term Disability plan that pays up to $10,000 per month, and it defines disability to meet the real needs of physicians," Doctor Batson declared.

"Egad, it must cost a fortune," Homes responded diligently.

"About half of what others charge for the same protection," replied Doctor Batson.

"But how's that possible, Batson?" Homes implored.

"Elementary, my dear Homes. It's what I expect from my medical society. After all, it's just what the doctors ordered!"

There's no mystery to obtaining great benefits protection at low cost group rates. Simply call or write the PBT.

(800) 621-0748
(312) 559-9130

☐ Please send information about the **PBT Long Term Disability Plan.**
☐ Send information about the other PBT plans I have checked.

☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____
Practice Name: _____
Street: _____
City/State/Zip: _____
Telephone: _____
ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.
(Formerly The Hardy Group, Inc.)

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Clinical Lab Act

(continued from page 2)

performs what Dr. Johnson described as "standard urines, wet preps and an occasional white blood cell count."

Under Illinois law, office labs in the registration class are not assessed any fees, nor are they required to conduct proficiency testing or undergo IDPH inspection. And it is into the registration class that IDPH had anticipated most physicians' office labs would fall.

"But simply doing a microscopic examination of the urine made our lab a Class II permit," Dr. Johnson said. Class II labs, under state law, are charged an initial fee of $100 and a yearly renewal fee of $50; they must conduct proficiency testing, have established quality control procedures in place and be inspected by IDPH every two and a half years.

"If we did a dipstick urine, it would be OK," he continued. [The lab would fall into the registration class.] "But a microscopic analysis of the urine puts the lab in Class II, which means I will have to pay $100 for doing something that you would train to do in the hospital for one week."

ISMS resolution adopted to ease regulatory burden

Why physicians should have to register with IDPH for performing tests that are simply part of the comprehensive practice of medicine prompted Samuel Schimel, M.D., a Chicago family physician, to propose a resolution to the ISMS House of Delegates, which was adopted as amended at the organization's April annual meeting, that would eliminate the need for physicians whose labs fall in the registration class to apply to IDPH at all.

"We consider simple tests to be part of the practice of medicine, that the simple test in the office should be excluded from regulation, and that physicians who do in their offices tests that are part of the practice of medicine should not be required to register under a laboratory act," said Dr. Schimel.

The resolution specifies that ISMS will work to introduce legislation that will modify the act so physicians whose office labs qualify for the registration class would not have to apply to IDPH. As the resolution was amended, strep screening would also be added to the list of registered class tests.

The resolution makes sense, said Dr. Sassetti. "Why should every physician have to register a lab if the lab is doing something that is going to be ignored or is exempt from compliance with the regulations? Why do physicians have to go through the whole application process?" he asked.

Federal law a different issue

In addition to the new Illinois Clinical Laboratory Act, Illinois physicians are also wondering how proposed federal regulations will affect their office labs. The Clinical Laboratory Improvement Amendment (CLIA) was passed by the U.S. Congress in 1988 after congressional hearings disclosed frequent errors in lab testing and singled out physician office labs as a possible culprit. CLIA required the Health Care Financing Administration (HCFA) to devise lab regulations based on the complexity of the tests performed in a laboratory.

Although CLIA, like the Illinois lab act, was to be implemented in January, proposed regulations were only recently issued, and it will be some time before the regulations will be finalized.

HCFA published proposed laboratory regulations in the *Federal Register* May 21. Those regulations would allow laboratories that perform certain simple tests (dipstick urinalysis, fecal occult blood, urine pregnancy test) to apply for a certificate of waiver. Such laboratories will be subject to random inspection by HCFA to verify the types of tests performed and direct inspection of complaints of substandard testing. They will not be required to meet other federal requirements, but they will have to pay a certificate fee.

Laboratories performing other, more complex tests will be classified by HCFA as Level I or Level II labs and will be required to meet staffing, quality control and proficiency testing requirements.

But the federal regulations are still in the formative stage; 90 days must be set aside for interested parties to comment on the proposed requirements, and HCFA must respond to the comments in writing before it can publish final regulations.

The Illinois statute has been designed to protect physicians from having to serve two masters – IDPH and HCFA – to maintain an office lab. "The intent of the law is that physicians need to apply for only one set of rules," said IDPH's Mitchell. "We really do need to wait until the federal rules are announced to see what the details are, to see how they match with Illinois rules and to see whether federal authorities will recognize a state's programs as being equivalent to the federal rules."

Regardless of their concerns about the state and federal regulations, Illinois physicians need to remember that they are required by Illinois' Lab Act to register with IDPH if even one laboratory test is performed in their office practice. Mitchell stressed that "there is [currently] no penalty for registering late; I hope no one is concerned about that."

He also noted that IDPH will help physicians in whatever way it can to obtain and complete application forms.

Illinois physicians also need to remember that "the concerns that led to the promulgation of the regulations are how reliable, how precise, how dependable lab tests are and that if you spell out some standards for the quality of the process, you will probably improve the dependability and precision of lab testing," said Dr. Sassetti.

Added Mitchell: "I can assure physicians that we are not trying to control the lab tests that they are doing; we are trying to put the right levels of quality assurance in place.

"This ought to be good for physicians," Mitchell emphasized, "because in the long run, physicians want to make sure that the lab results they are basing their diagnosis on are accurate and are done in a way that they can rely on." ▲

CHIP

(continued from page 2)

which according to Carlson includes people who would have otherwise been eligible for coverage if enrollment had not been capped. An additional 167 applications have been received but were incomplete or still being processed. Applicants are issued policies as existing CHIP policyholders terminate their coverage or have a lapse in coverage. Between 75 and 100 policyholders terminate their coverage each month, according to Carlson.

He added that the waiting list numbers were "very discouraging," and noted that people who have not already applied may have to wait a year before receiving their policies.

The Illinois Senate May 17 passed an amendment to S.B. 1962 that would prohibit employers from "dumping" insured employees with costly claims histories and enrolling them in CHIP. The amendment was co-sponsored by Sens. Howard Carroll (D-Chicago) and Calvin Schuneman (R-Prophetstown). At press time, the House of Representatives had not addressed the measure.

The amendment is designed to make the program more cost-efficient and may increase enrollment, Hoffmann said.

"There is a feeling in the General Assembly," Carlson said, "that CHIP should be for people who are uninsured. ▲

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

H.B. 3587 *(continued from page 1)*

limited scope. H.B. 3587 would amend the Ambulatory Surgical and Treatment Center Act to permit attachment of a PSOC to either an ambulatory surgical treatment center (ASTC) or a hospital. PSOCs would provide inpatient care for up to three days for OB and surgery patients, and would be required to have contractual relationships with general acute-care hospitals in the event of complications.

The bill would authorize the governor to appoint a post-surgical and obstetrical center board whose members would include two physicians, one health facility administrator and two private citizens without any financial interest in a PSOC to oversee the centers. PSOCs would be evaluated after three years.

IHA said PSOCs would not qualify for Medicare and Medicaid reimbursement, thereby forcing elderly and indigent patients to pay for service "out of their own pockets." ISMS, in a Red Alert to its members, countered that "the supposition that these centers will serve only those most able to pay does not take into account the innovative aspect of this program and is a distortion of current policies."

IHA's misinformation campaign

ISMS alerted its members to the IHA's intensive misinformation campaign directed at defeating H.B. 3587. In response to the assumption that PSOCs would compete with hospitals, ISMS said the bill will facilitate services "where there are no hospitals now, or in areas where hospitals are now overburdened."

ISMS said the bill would reduce health care costs from the $800 to $1,000 per-day cost at many Illinois acute-care facilities to a projected charge of $350 per day at a PSOC. It said, "PSOCs would offer consumers and the business/insurance community an alternative to high-cost hospital stays for elective surgery procedures." Moreover, PSOCs could immediately ease the rural health care obstetrical crisis "by qualifying as birthing centers for uncomplicated deliveries." ▲

Summit *(continued from page 1)*

mit's final report released in April. But others, notably Quentin Young, M.D., director of the Health and Medicine Policy Research Group, testified that the summit's governance concept is doomed to fail. Dr. Young repeated his oft-stated call for a regional health care authority with taxing power.

Committee Chair Sen. Margaret Smith (D-Chicago) called the hearing to consider two summit-related bills previously passed by the House, both of which the committee subsequently voted on June 13 to send to the Senate floor. H.B. 3164, easily the less controversial bill, would create a local government health care fund to pool state and local monies currently targeted for indigent care, to acquire available federal Medicaid matching funds. Summit officials estimate an additional $14.3 million could be generated without new taxes on Illinois citizens.

The committee heard strong testimony urging passage of H.B. 3164 as a major step forward in correcting the state's health care funding dilemma. However, the summit report also states that first-year implementation of summit recommendations would require another $17 million, which the report suggests would be raised through additional alcohol and driver fees.

Governance consensus non-existent

But consensus on the governance bill was practically non-existent. H.B. 3777 mirrors the summit governance recommendations and would establish the nine-member Cook County Health Coordinating Council (CCHCC) to oversee the creation of the 14 proposed corridors of care and community governing boards. Summit organizers have said the CCHCC's responsibility and authority over a three-year period would theoretically strengthen enough to even possibly control the distribution of Medicaid reimbursements to the proposed Preferred Provider Partnerships (PPPs). PPPs are networks of medical and social service providers that would be established in each of the corridors of care, which are geographic divisions to be used for county health care planning purposes.

But witnesses said the proposed structure is much too weak. Stone urged giving the CCHCC greater scope, including the ability to set standards that Medicaid providers must meet, as well as authority over all Medicaid disbursements in Cook County, not just the PPPs.

Dr. Danckers also criticized the CCHCC's lack of authority. "The Chicago Medical Society believes that the proposed CCHCC, as specified in the House bill . . . has not been given enough power to overcome local petty political interests that want to hold on to public health care controls they now exercise," said Dr. Danckers.

And although Dr. Danckers said his remarks echoed Dr. Young's criticism, Dr. Young went considerably further than most critics, vociferously rejecting the coordinating council concept, as he has since the summit report's release. Dr. Young has been the foremost proponent of a regional health care authority concept.

Dr. Young said he would vest such an entity with taxing authority, and would make it independent of any other governmental body, especially the Cook County Board of Commissioners, which runs the hospital. A spokesperson for the Community Renewal Society also endorsed a regional authority. On May 17, the Senate defeated 29-27 a bill, sponsored by Sen. Judy Baar Topinka (R-North Riverside), that would have created such an authority.

Chicago Acting Health Commissioner Richard Krieg, Ph.D., who chaired the summit's system design and management committee which authored the summit recommendations, said he would welcome stronger governance provisions. But he strongly criticized advocates of a regional authority for failing to provide details of how such an authority would be staffed, how it would relate to the Illinois Department of Public Aid, and details of the mechanics for incorporating the current city clinic and County Hospital staffs.

"If some political leaders balked at the governance provisions developed by the summit, they certainly will bridle at calls for more governance control," said Dr. Krieg. "If minimal governance is not acceptable, perhaps a stronger dose is the only way to get the job done. We are open to all approaches, but demand specific detail on how it will operate."

Sen. Richard Newhouse (D-Chicago), Senate sponsor of H.B. 3777, asked the committee to send the bill to the floor so that futher debate on the issue could proceed. Such action would permit attempts to either create an interim governing body, or otherwise dilute or strengthen the bill's current provisions.

But even as this slight movement in the summit's legislative journey occurred, the *Chicago Tribune* published a lengthy four-part analysis of Cook County's indigent care crisis, and the potential for eventual implementation of summit recommendations. The series' overall conclusion was that historic politicizing of health care in Illinois and Cook County rendered realization of true reform exceedingly difficult, if not impossible. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Minnesota—lakes and trees. Family physician to join five others in progressive multispecialty group including internal medicine and surgery. Outstanding 42 bed district hospital with 130 bed long term care facility. Excellent schools and services with easy access to metro area. Guaranteed salary, full benefits, and bonus. Position available immediately, for confidential consideration and further information, contact: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect: 612/454-7291.

Pediatrician: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE pediatrician to join department of 17 BC/BE pediatricians. Two year guarantee plus comprehensive benefit package offered. The community offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Emergency medicine—compensation package over $110,000 per year. Career opportunities in emergency medicine with company providing emergency physician services to 14 hospitals in Iowa. Physicians work as independent contractors, with a guaranteed hourly compensation, excellent benefit package, and paid malpractice insurance. Physicians must be certified in ACLS and have pertinent experience in emergency medicine. Part-time positions also available. Please contact Lowell Sisson, Emergency Practice Associates, P.O. Box 1260, Waterloo, IA 50704 or call 1-800-458-5003.

Large group practice of neonatologists and pediatricians has openings for full and part-time board eligible and/or board certified neonatologists and pediatricians. Practice currently serves 12 community and two tertiary metropolitan Chicago hospitals. Practice also has ambulatory sites throughout the metropolitan Chicago area. Excellent salary and benefits program includes malpractice insurance. For more information contact John Hylton, Director of Operations, Neonatal & Pediatric Services, S.C., 2115 Butterfield Rd., Oak Brook, IL 60521; 708/916-8900.

Internal medicine/family practice—expanding practice located in new clinic 50 miles southwest of Chicago needs BC/BE physician to anchor practice for very busy surgeon. Excellent community for families, with good school system. Generous salary guarantee with partnership possibility after two years. Send letter and CV to Roman M. Smyk, M.D., 460 N. Broadway, Coal City, IL 60416; 815/634-2592.

OB/gyn, New York. 32-member multispecialty group in Long Island, New York, adding third member to its department of obstetrics and gynecology. First year, six figure salary, four weeks vacation, other benefits. Call: Wanda Parker, Senior Associate, E.G. Todd Associates, Inc., 535 Fifth Ave., Suite 1100, New York, NY 10017. Toll free: 800/221-4762. Collect: 212/599-6200.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparascopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

Missouri family practice group seeks fourth physician, BC or BE, for historic community with two private colleges, near major university and medical center. Beautiful area. Recreation and cultural activities. Guarantee and other benefits. Reply in confidence to Mary Murphy, Jonas Physician Search. 1-800-544-6728.

ENT—Effingham, Illinois. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Family practice. Busy, growing practice needs BC/BE family physician to join well established practice. Prestigious western suburban hospital nearby. Excellent community in west Chicago suburbs. Exceptional salary and benefits. Partnership available upon agreement. Contact: Sherie Everhart, 708/766-6300.

Medical center seeking physicians to work part time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call 708/390-0300 or 708/390-9300.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820.

Need medical oncologist in practice to associate with cancer center. Write to Box 2172, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

OB/gyn—family practice—general surgery— internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc., 12724 N. Maplecrest Lane, Mequon, WI 53092, 1-800-243-4353.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Physican wanted. Pediatrician, with or without training in allergy, to join rapidly expanding solo practice near Chicago. Excellent oportunity. Reply to Box 2171, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General Surgeon—BC/BE to join multispecialty group in southern Illinois serving population of about 20,000. Within 20 miles of Southern Illinois University Medical School, 120 miles from St. Louis, MO and 45 miles from Paducah, KY. Modern 40 bed hospital with x-ray, lab, CT scan, ultrasound and special care unit. Must be willing to do some primary care. (No OB). Guaranteed income with all practice expenses paid plus incentive. Write: E. A. Helfrich, Administrator, Union County Hospital, Anna, IL 62906; 618/833-4511 call collect.

Internist, BC/BE, Rockford, IL. Solo practice, three man call, stable, active practice, transition with retiring physician. Medical center assistance. Call collect, Joanne Zenisek, 815/226-0220.

The Department of Family and Community Medicine, University of Illinois College of Medicine, Rockford, is expanding and seeks applications for full-time clinical faculty as instructors in family practice residency or undergraduate ambulatory care teaching facilities. Responsibilities include teaching, patient care and research. ABFP board certified/eligible. Teaching and practice experience preferred with OB optional. Salary/rank commensurate with experience. Competitive salary/fringe benefits. Inquiries and CV to L.P. Johnson, M.D., 1601 Parkview Ave., Rockford, IL 61107. For fullest consideration submit application by July 1, 1990. The University of Illinois is an equal opportunity affirmative action employer.

Michigan—Ann Arbor suburb. Primary care specialists needed. Group-managed practice. Call 1 in 3. First year income guarantee, benefits and paid malpractice. Call: Wanda Parker, Senior Associate, E.G. Todd Associates, 535 Fifth Ave., Suite 1100, New York, NY 10017. Toll free: 800/221-4762. Collect: 212/599-6200.

Family practice. Extraordinary opportunity to assume very successful office practice in progressive rural community. 2,900 square feet of functional space with fully computerized business system directly across the street from an excellent 107 bed JCAHO accredited hospital with full-time ER coverage. Broad based consulting staff available. Very competitive compensation package including income guarantee, office subsidy, malpractice, and moving expenses in community with excellent schools and good industrial and agricultural economy. Occupational and OB exposure optionally available. Call Charles Salesman, M.D., 618/544-8577 (work) or 618/544-7831 (home) or Roger Feldt, Administrator, Crawford Memorial Hospital, 618/544-3131

Family physician—well equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five-room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone 618/285-6634.

Family practitioners. We are a full service medical center with immediate full and part-time openings. Excellent opportunity to quickly establish a professionally and financially rewarding practice. We are located in a small community just outside the Chicago Loop area with easy access to expressway and our affiliated hospitals. We offer flexible hours with an attractive compensation package, including benefits. For confidential consideration please submit curriculum vitae and resume to Box 2173, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Minnesota/Wisconsin: dermatology, family practice, psychiatry, surgery, locum tenens. Urban and rural locations, single specialty and multispecialty groups, strong hospital support. Contact: LifeSpan Health Care Services, 800 E. 28th St., Minneapolis, MN 55407; 612/863-4193, ask for Jerry Hess.

Time for living! Time for family, children, traveling, hobbies, sports, hiking, music, boating, art, skiing, community activity. Madison Ambulatory Care Center: outpatient family practice, occupational health. Approximately 25 hours per week, very flexible scheduling. Salary $30,000 plus paid health, life, malpractice, 401K (total package worth in excess of $40,000). Contact David Goodman, M.D., MedicEast, 2810 E. Washington Ave., Madison, WI 53704; 608/244-1213.

Nationwide practice opportunities. All specialties. Fees paid by clients. Call: Wanda Parker, E.G. Todd Associates, Inc., 535 Fifth Ave., Suite 1100, New York, NY 10017. 800/221-4762, or 800/599-6200.

Pediatricians (2) to join busy pediatrician within a 35 member multispecialty clinic. Exceptional opportunity providing excellent first year salary, full benefits, leading to partnership. Lovely midwest community located in east central Illinois offers quality family life. Lake, recreational and cultural advantages. Call for details: 217/442-8595. Send CV to: Diane Gawronski, Assistant Administrator, Danville Polyclinic, Ltd., 800 N. Logan, Suite 104A, Danville, IL 61832.

Ophthalmologists, anesthesiologist, and internist needed: Internist or general practitioner to provide internal medicine services for patients of private ophthalmology practice/surgicenter. Responsibilities will include pre-op H&P and EKG interpretation. M-F. No nights, no weekends, no call. Anesthesiologists: full-time for ophthalmology ambulatory surgery center. M-F. Daytime hours only. No call. No inpatient responsibility. Ophthalmologists: general, glaucoma, cornea, or oculoplastic. High patient population. Excellent financial opportunity. Send CV to Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178 or call 815/756-8571.

Illinois epic. St. Louis University's HealthLine Physician Services is currently recruiting primary care physicians to provide clinical services in the emergency department of Harrisburg Medical Center in Harrisburg, IL; full-time and part-time positions are available. Moderate volume; 24-hour radiology, anesthesiology, laboratory; strong ED nursing and medical staff support. Competitive hourly rate with professional liability insurance provided. Contact Gerry Liebmann, 1-800-443-3901, 3663 Lindell, Suite 400, St. Louis, MO 63108.

Family practice/urgent care—southwest suburban Chicago. Attractive opportunity available for BC/BE family practitioner with hospital sponsored family practice/urgent care centers. Opportunity to develop private practice in one of Chicagoland's most attractive and growing areas. Excellent salary and paid malpractice insurance. Send CV to Director/Satellite Operations, Palos Community Hospital Primary Care Center, 15300 West Ave., Orland Park, IL 60462; or call 708/460-5300.

Outpatient clinic seeks qualified physician to provide medical care, including treatment of minor emergencies, acute illnesses, routine physical exam and injuries, for Western Illinois University. Competitive salary. Excellent benefits, including regular work hours, free tuition, paid malpractice, vacation and sick leave, and retirement. This position could be the right one for you! Expected starting date fall 1990. Please submit a letter of application, along with three letters of reference and a resume to: Jaime Cercone, M.D., Medical Chief of Staff, Beu Health Center, Macomb, IL 61455.

Clinical cardiologist—to join specialty group practice. Invasive and non-invasive skills. Opportunity to direct regional catheterization laboratory in central Illinois. Amenities of small town lifestyle with access to a large metropolitan city. Reply in confidence with curriculum vitae to Box 2175, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Situations Wanted

General practice and general surgery. Seeking position solo practice in GP/GS, sponsored by a JCAH Hospital, not HMO. Illinois license, American Board eligible in surgery. Available now. Write: 10 Cottonwood, Apt. 811, Canyon, TX 79015.

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Locum coverage available. Board certified licensed radiation oncologist. Reply to Box 2151 c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General practitioner seeking part-time position for practice in north central Illinois. Reply to Box 2155, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Primary care solo practice. One hour from Chicago. Completely equipped, staffed and computerized. Established since 1981. Excellent patient base. No HMOs. Hospital nearby. Call 815/786-9767.

Dental office—beautiful office in prestigious modern building. Excellent busy location. Three exam rooms, lab, private office, washrooms and parking. Waukegan, IL; 708/244-8340.

Oak Brook. Exquisite country French home with tennis court. Five bedrooms, library, 3 1/2 baths, finished basement, three car garage. Hinsdale district. 708/325-4376.

200 MA Westinghouse x-ray machine, fully equipped. Priced reasonably. Call 618/532-7311.

Used medical equipment. Colposcope and colposcopic instruments. Call 815/725-2898.

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Bellevelle hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Elgin, Illinois: office space available in medical building. Two suites 400 or 850 square feet. Located two blocks from hospital. Call Dorothy O'Malley, 708/741-0200.

Pediatric practice on sale in growing young community of Bolingbrook. Well equipped office in medical building. For information call 708/852-1948 after 8pm.

Medical clinic near Howard/Western intersection. Total luxurious renovation. Built-in reception areas, counters, sinks, cabinetry. Quality workmanship. Parking lot. The Urban Network, Ltd., 312/829-2666.

For sale: well equipped surgicenter with three operating rooms, started in 1973, offering first trimester legal abortions and other out-patient gynecological services, located in a fine north suburb of Chicago. Close to transportation. Staffed by three BC gynecologists, and 12 well trained medical assistants. State inspected and passes all codes. Owner must retire. For further details call from 3:00pm to 5:00pm 708/677-9660.

Office for rent on Montrose and Kimball—3354 W. Montrose, second floor, 1300 square feet, five rooms and stock room. Newly remodeled. Excellent condition, like new. Central air conditioning and heat, two washrooms, new carpet. 708/470-1206.

Oak Brook. Secluded retreat set among towering evergreens on 2.7 acres. This 14 room contemporary boasts six bedrooms, 4.5 baths, maid's quarters, separate five room guest house and much more. Sharon Schwanderlik, PAV Realtors, 708/795-7100.

Miscellaneous

Attention: Earn money typing at home! 32,000/year income potential. Details. 602/838-8885 ext. T-17390.

Attention—hiring! Government jobs—your area. $17,840-$69,485. Call 602/838-8885 ext. R-17390.

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Attention: Earn money reading books! $32,000/year income potential. Details. 602/838-8885 ext. BK-17390.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing. Computerized system can be customized to meet the needs of your practice. Accurate ICD-9 and CPT coding. Insurance filing and follow-up. Financial reports showing practice analysis. Contact Golden Office Management, Inc., 3317 W. 95th St., Evergreen Park, IL; 708/423-7778.

SMC: POL consulting; quality assurance is quality care. Laboratory compliance: federal and state regulation; quality control programs, safety, procedure manuals, instrument maintenance logs, correlation analysis. Complete laboratory evaluation. Free POL assessment. 312/882-4526.

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE

707 South Wood Street
Chicago, IL 60612

ACCME Accredited

August — October, 1990

- ☐ Specialty Review in Pediatrics
  July 29 - August 4, 1990
- ☐ Specialty Review in Internal Medicine
  August 5 - 12, 1990
- ☐ Pediatric Surgery and the General Surgeon
  August 9 - 11, 1990
- ☐ Specialty Review in Surgical Critical Care
  August 13 - 17, 1990
- ☐ Specialty Review in General Surgery, Part I
  August 20 - 31, 1990
- ☐ Gynecologic Surgical Techniques
  August 23 - 25, 1990
- ☐ Neurosurgery Symposium
  September 14 - 16, 1990
- ☐ Specialty Review in Dermatology
  September 17 - 21, 1990
- ☐ Specialty Review in Infectious Disease
  September 24 - 28, 1990
- ☐ Specialty Review in Pulmonary Disease
  September 24 - 28, 1990
- ☐ Specialty Review in Hematology
  October 1 - 5, 1990
- ☐ Specialty Review in Nephrology
  October 1 - 5, 1990
- ☐ Specialty Review in Rheumatology
  October 1 - 5, 1990
- ☐ Current Clinical Neurology: A Comprehensive Review
  October 22 - 26, 1990
- ☐ Current Trends in Cardiology
  October 22 - 24, 1990
- ☐ Essentials of Geriatrics for Everyday Practice
  October 25 - 26, 1990
- ☐ Specialty Review in Obstetrics and Gynecology: Practical Aspects
  October 28 - November 3, 1990
- ☐ Specialty Review in General Surgery, Part I
  October 29 - November 5, 1990

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____

Address _____

City _____

State _____ **Zip** _____

Call toll-free today!

1-800-621-4651

ILLINOIS STATE MEDICAL
INTER-INSURANCE EXCHANGE

THE EXCHANGE IS PHYSICIAN OWNED AND OPERATED, SUPPORTED BY A STAFF OF INSURANCE PROFESSIONALS. OUR COMMITMENT TO OUR POLICYHOLDERS ALLOWED US TO STAND FIRM WHEN OTHERS WERE ABANDONING ILLINOIS PHYSICIANS.

Protecting physicians from non-meritorious lawsuits is behind the Exchange's strong commitment to reform medical malpractice laws. Our continuing vigilance is aimed at protecting these hard-won reforms–some of which have been threatened by court challenges.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians

SINCE 1976

COMMITTED

TO THE ILLINOIS PHYSICIAN

75986
85

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

W1 IL417L
V.2 NO.14 1990
C.01--------SEQ: SR0063601
TI: ILLINOIS MEDICINE

National Practitioner Data Bank nears start-up . . . 2

Illinois Medicine

July 6, 1990

ILLINOIS STATE MEDICAL SOCIETY

Most state MD licenses still unrenewed as July 31 deadline nears

AS THE JULY 31 deadline for medical license renewal nears, the Illinois Department of Professional Regulation (IDPR) reports that many Illinois physicians have not sent in their completed renewal forms.

As of June 26, only 8,488, or 24 percent, of the 35,000 medical license renewal application forms sent to the state's physicians had been completed and received by IDPR, according to Karen Dunlap, manager of IDPR's licensure maintenance section. All current licenses are set to expire July 31.

"In renewals in all professions, there's a tendency to wait until the last week, which means we're inundated with forms to process by August 1," Dunlap said. "The sooner physicians complete the renewal forms, the better the chance they'll have their licenses by August 1.

"Any physician who still has not received a renewal form should write to us immediately with an updated address, and we'll get one out right away," she added.

Dunlap said all physician/surgeon and controlled substances renewal applications for an individual physician will be sent to the address listed on the physician/surgeon license; so physicians with multiple controlled substances licenses should make sure they receive and complete all their necessary renewal forms, and should double-check the drug schedules on each form.

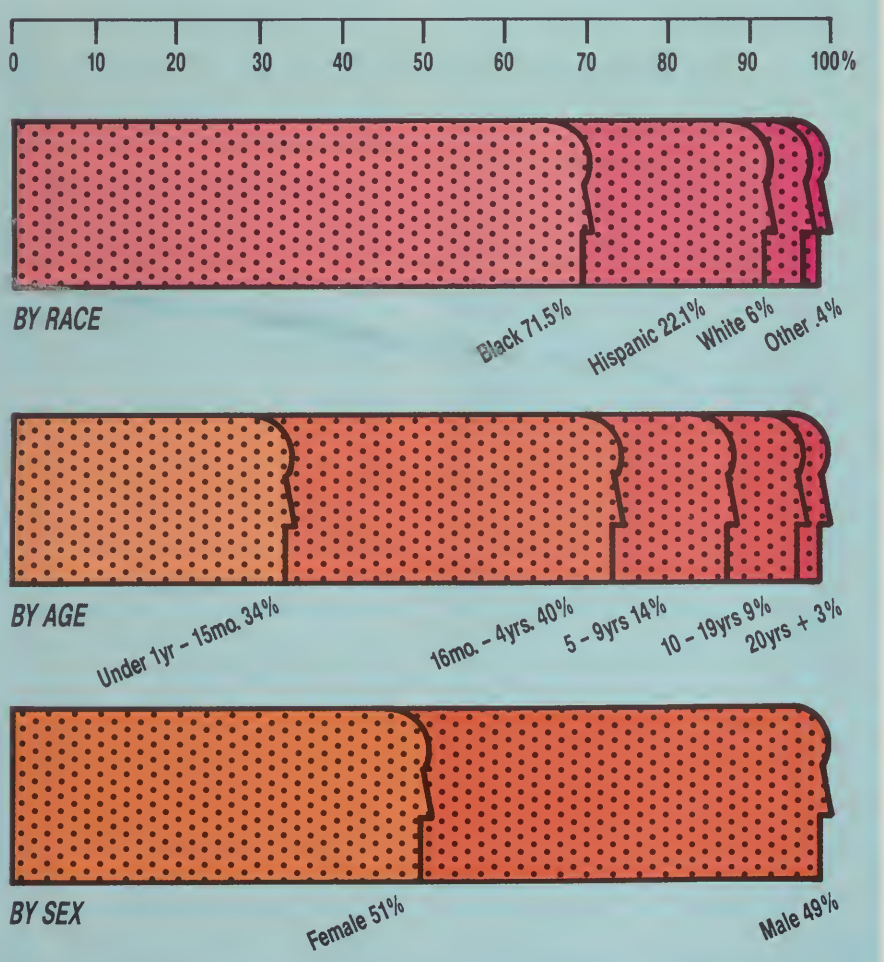
It is critical that Illinois physicians return their completed forms, Dunlap pointed out; a lapse in renewal will mean a physician is practicing medicine without a license, and could be disciplined and fined.

In addition, a lapse in licensure will mean a gap in malpractice insurance coverage.

The Illinois State Medical Society (ISMS) has been cooperating with IDPR to help trace physicians with non-current addresses. Of the 6,000 copies of IDPR's most recent monthly newsletter that were returned by the post office, ISMS helped IDPR locate 1,500 of the 3,000 physicians without forwarding addresses.

To request application forms, physicians should write the Illinois Department of Professional Regulation, licensure maintenance section, 320 W. Washington St., third floor, Springfield, Ill. 62786. ▲

Chicago Measles Cases: Demographic Characteristics
(January 1989 – May 1990)



Source of Data: Chicago Department of Health, June 1990.

Chicago launches a "Measles Attack Plan"

CALLING THE CITY of Chicago's measles morbidity rate "unacceptable," and saying that private physicians need to help immunize children under age two and the black and Hispanic populations, Chicago Department of Health (CDOH) Deputy Commissioner James W. Masterson presented CDOH's "Measles Attack Plan" June 20 to the Chicago Board of Health.

The plan cites what it calls health care professionals' "reduced vigilance" as a major contributing factor to Chicago's endemic measles rate. "Cost of the vaccine for children was $128 in 1988 compared to $23 in 1982, so private physicians are actually moving away from providing immunization, and that must change," Masterson told the board. "Private providers have an obligation to provide immunization for child care; the American Academy of Pediatrics recommends it."

To date, 144 physicians in private practice have signed up to receive

(continued on page 9)

Free medical clinic care bill passes legislature

As *Illinois Medicine* went to press, both houses of the Illinois General Assembly passed an important bill for physicians who provide care in free medical clinics, and for their patients.

S.B. 1736, sponsored in the Senate by Sen. Joyce Holmberg (D-Rockford) and in the House by Rep. Peg McDonnell Breslin (D-Ottawa), amends the Medical Practice Act to allow physicians civil legal immunity when they give medical treatment in a community-based free clinic if the treatment does not involve general anesthesia or an overnight hospital stay. The Illinois State Medical Society (ISMS) strongly supported the bill, now awaiting the governor's signature, as it incorporates ISMS House of Delegates policy.

An Illinois Medicine *legislative bulletin will mail the week of July 1 to all ISMS members and the July 20 issue will include complete coverage of legislation affecting Illinois physicians.*

In this issue

ISMS/IDPH video addresses HIV testing, counseling 2
On the legislative scene 3
Great moments in Illinois medicine 5
Case in point looks at x-ray interpretations 6
Board briefs 7
Obituaries 10

**********3 DIGIT SCF 208
0625 IM
NATIONAL LIB OF MEDICINE
IS INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

Part one of a two-part series

National Practitioner Data Bank to monitor staff privilege, discipline problems

by Eileen Norris

A NEW NATIONAL DATA bank designed to improve the quality of health care by helping to identify incompetent or unprofessional physicians and other health care providers should be up and running by late summer, federal officials said recently.

The National Practitioner Data Bank (NPDB) will require state licensing boards, hospitals, professional societies and other health care entities to report certain disciplinary proceedings and other actions taken against physicians, dentists and other licensed health care professionals.

The data bank law, created by the Health Care Quality Improvement Act of 1986, mandates reporting of medical malpractice payments, adverse licensure actions, adverse actions on clinical privileges and adverse actions on professional society memberships.

The objective is to help health care providers and professional societies determine if an applicant or present staff member has had problems in another hospital or state before granting or renewing hospital privileges or approving licensing credentials.

Physicians can review their files

Hospitals, professional societies, state boards and, to a narrow degree, plaintiffs' attorneys, will have access to the data bank, as will individual practitioners. Physicians will be able to check the accuracy of their own files and see who has made inquiries about them.

Some have expressed the fear that the data bank files could fall into the "wrong hands," but Rockford physician Joseph B. Perez, M.D., vice chairman of the Illinois State Medical Disciplinary Board, said fail-safe measures are being built into the data bank so that only a limited number of organizations will have access to the confidential information.

"Doctors are afraid that a problem with alcohol 20 years ago will be used to deny future hospital privileges, or a malpractice suit will hurt them in some way, or that any action the disciplinary board takes will put a blemish on their file, but that shouldn't happen," Dr. Perez said.

"The good point of this law is that if you're a 'bad actor' in Oklahoma, you won't be able to get into a hospital in Illinois. What physicians need to do is be aware of the data bank, and be honest when making an application or in credentialing."

Dr. Perez also encouraged individual physicians to review their files (there is no charge) to make sure the information is accurate.

But Illinois State Medical Society (ISMS) general counsel Saul J. Morse suggested that physicians who request copies of their files promptly destroy the materials once they've reviewed them for accuracy.

"There is a possibility," Morse said, "that even though the data bank has clear limits on who has access to records and materials, a physician who holds onto files might have to surrender the material if it is subject to a discovery motion in a lawsuit.

"No one knows these things for sure," added Morse, a senior partner in the Springfield law firm of Morse, Giganti & Appleton. "And there will probably be a lot of potential liability problems. We just don't know yet because we don't have any experience with the data bank."

Morse has prepared a summary of the rules and regulations involved in the new NPDB and compared them to current Illinois regulations. This summary will appear in a future *Illinois Medicine.*

But Brian Gooch, senior policy analyst for the NPDB, stressed that malpractice or adverse action reports in the bank shouldn't be construed to suggest that a physician is incompetent to provide care. He said data bank files should only serve as a signal or flagging system for a hospital or a society to explore an applicant more carefully.

Illinois disciplines reported since 1983

The data bank's reporting requirements are nearly identical to those that Illinois hospitals and medical societies have met for the last seven years under the provisions of the Medical Practice Act in Illinois.

Since 1983, health care providers have been required to report to the medical disciplinary board, which is administered by the Illinois Department of Professional Regulation (IDPR), instances in which physicians have been disciplined or judged impaired, have lost or settled malpractice cases, or have violated state laws. Also under Illinois law, the Hospital Licensing Act requires hospitals to contact IDPR before granting medical staff privileges or renewing current staff privileges to inquire about licensure and disciplinary action.

NPDB officials have stated frequently that they hope the potential of a report will push impaired physicians to voluntarily enter treatment, since voluntary treatment won't be reportable. But if the conduct of an impaired physician necessitates a disciplinary action forcing the physician to enter treatment, that action will be reportable.

The requirement to report to the medical disciplinary board won't change, said Tom Killala, assistant deputy director of licensing and testing for IDPR, who notes that a report to the new data bank doesn't remove the responsibility to report to and query IDPR under the Medical Practice Act and the Hospital Licensing Act.

What will change is that much of that same information will now be forwarded to the NPDB.

"What's different is the malpractice reporting," Killala added. "Under the [requirements], malpractice insurers will have to report all awards directly to the data bank." The Illinois State Medical Inter-Insurance Exchange will report information to the NPDB and IDPR.

A two-year wait on hospital actions

Data bank officials said it will take almost two years before the bank has information on hospital actions taken against physicians, but it will have malpractice suit information from insurers almost immediately on opening.

NPDB's Gooch said a guidebook will be sent to all those involved in reporting two weeks before the data bank officially opens. He added the government is hoping to have the bank open by late summer. The law says no reports need be filed until it officially opens, and no retroactive reports will be required.

Eventually, all licensed health care practitioners, including podiatrists, nurses, physician assistants, pharmacists and social workers, or about 8 million people altogether, will have files in the data bank.

The cost of running the NPDB is to be borne by hospitals, which will pay a small fee for each name checked.

Questions about the NPDB can be answered by calling (301) 443-2300 or by writing the National Practitioner Data Bank at 8301 Greensboro Dr., Suite 1100, McLean, Va. 22102. ▲





A new video produced by the Illinois State Medical Society for the Illinois Department of Public Health educates physicians on HIV testing and counseling. Dramatic narratives (above) are used to show examples of physician interaction with patients.

ISMS, IDPH unveil new HIV video

HIV COUNSELING and Testing: The Physician's Role, a new video and instruction manual package produced by the Illinois State Medical Society (ISMS) for the Illinois Department of Public Health (IDPH), shows physicians and other health care professionals how to approach patients about HIV testing and counseling.

An ISMS Council on Medical Services Subcommittee on AIDS Education, which included representatives from ISMS, IDPH and AIDS service organizations, assisted in the project's development.

The object of the program, according to Frank J. Pieri, M.D., a Chicago psychiatrist and subcommittee member, is to challenge stereotypes associated with HIV and AIDS and to make physicians feel more comfortable about asking

(continued on page 7)

Physician Facts

Disciplines for failure to renew licenses

State of Illinois

	1989	1990 *(through mid-June)*
Physicians and surgeons		
Late renewal of medical licenses		
Reprimands	26	3
Indefinite suspensions	2	
Late renewal of CS* licenses		
Reprimands	4	6
Probation	1	1
Fines	$75,100	$20,000
Osteopaths		
Reprimands	2	
Fines	$1,800	
No disciplines		

* controlled substances

NOTE: Fine amounts shown for physicians and surgeons include both fines for late renewal of medical licenses and for late renewal of CS licenses.

Source: Illinois Department of Professional Regulation, June 1990

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

On the Legislative Scene

by Caryl Carstens

At press time, as the legislative session was drawing to a close, the Illinois General Assembly was not expected to send Gov. James R. Thompson a balanced budget. Funding for overall appropriations would thus have to be balanced against available funds by the governor and the Bureau of the Budget.



Clinical Lab Act . . . An amendment to H.B. 3694 (which has passed both houses and is going to the governor) has added strep tests to the list of tests qualifying for the registration class (i.e., exempt list) for the Illinois Clinical Lab Act. The amendment would also modify the act so that physicians performing registration-class tests would not have to apply to the Illinois Department of Professional Regulation. Sponsors of the bill were Rep. Peg McDonnell Breslin (D-Ottawa) and Sen. Greg Zito (D-Melrose Park).

AIDS spousal notification . . . H.B. 3998 has passed both houses and is going to the governor's desk. The bill, sponsored by Rep. Penny Pullen (R-Park Ridge), would allow a physician to notify a spouse if a patient has a positive AIDS test and it appears unlikely that the patient would inform the marriage partner. In the Senate, Sen. Frank Watson (R-Carlyle), accepted an amendment proposed by the Illinois State Medical Society (ISMS) which made it clear that the physician would have no duty to notify the spouse of test results, and clarified the immunity provision in the bill protecting physicians from civil liability.

Clinical social workers . . . Mandated direct reimbursement of clinical social workers by insurers, a proposal opposed by ISMS, has been approved by both houses in the form of a Senate amendment to H.B. 3149. The bill, sponsored by Louis I. Lang (D-Skokie), originally dealt only with reissuance of lapsed pharmacy licenses. The earlier clinical social worker bill, S.B. 1510, was opposed by ISMS, the Illinois Psychiatric Society, the Illinois Life Insurance Council and business groups concerned about the impact of the bill on the cost of insurance.

Public aid funding . . . The General Assembly has approved the shifting of funds within the Illinois Department of Public Aid (IDPA) budget to allow the department to continue paying Medicaid bills. The bill, which has been sent to Gov. Thompson, involves the transfer of about $71 million into a supplemental fund covering Medicaid and other monies.

The legislature also passed the $4.56 billion IDPA budget. The House has concurred in the Senate revision of the bill, H.B. 3341. While Gov. Thompson's original budget document would have provided for an approximately 56-day payment cycle for "clean claims," the revised $2.47 billion medical assistance appropriation provides funds to keep the cycle to about 35-40 days. It is anticipated the governor will reduce the appropriation because of revenue shortfalls.

Central Management Services . . . A $25 million appropriation, plus an additional supplement of $4 million, has been approved by the House and Senate for the Department of Central Management Services (CMS). The bill is awaiting concurrence in the Senate. CMS officials believe the monies will be sufficient to cover the department's financial needs for fiscal year 1991, including the payment due physicians providing services to state employees covered under the CMS Group Health Insurance Plan.

X-ray technologists . . . H.B. 3506, the proposed new Radiation Protection Act of 1990, was also approved by the Senate and returned to the House for concurrence. The Senate has amended the bill to allow continued accreditation of x-ray technologists based on experience. A new category of limited licenses would be created for new employees in physicians' offices. The new employees would have to pass an exam after 16 months of training and experience.

Hospital Licensing Act . . . An amendment placed on H.B. 3562, sponsored by Rep. Jesse C. White Jr. (D-Chicago) and in the Senate by Sen. Emil Jones Jr. (D-Chicago), includes a provision that a licensed clinical psychologist be included on the membership of the Hospital Licensing Board, with the first term effective July 1, 1991. The bill has passed the Senate and is awaiting House concurrence. Rep. White has refused to concur in the Senate amendment to the bill. ▲

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

NEW MEDICARE PART B CLAIMS FILING REQUIREMENTS

RECENT LEGISLATION

When Congress passed the Omnibus Budget Reconciliation Act of 1989, it included a requirement that all physicians & suppliers submit claims for Medicare beneficiaries beginning September 1, 1990. Congress believed that this would yield more accurate information with which to evaluate Medicare expenditures & other factors such as volume & intensity of services under the Medicare Volume Performance Standard (MVPS). The Standard is Congress' primary tool for managing the growth in Medicare Part B expenditures for physician services.

NEW CLAIMS FILING POLICY

- Physicians & suppliers must file with the Medicare carrier all claims for services & supplies provided to Medicare beneficiaries on or after September 1, 1990.
- The claims filing requirement applies to all physicians & suppliers who provided covered services to Medicare beneficiaries.
- Physicians & suppliers are not required to take assignment of Medicare benefits unless they are enrolled in the Medicare Participating Physician & Supplier Program or the Medicare beneficiary is also a recipient of state medical assistance (Medicaid).
- Physicians & suppliers may not charge the beneficiary for preparing & filing a Medicare claim.
- Physicians & suppliers may not give the completed claim form to the beneficiary to mail to the carrier. Physicians & suppliers are responsible for mailing the form. Physicians & suppliers may not ask Medicare beneficiaries to give up their right to file Medicare claims.
- Claims submitted by beneficiaries for services performed on or after September 1, 1990 will be denied.
  - — Blue Cross and Blue Shield of Illinois will monitor physician & supplier compliance with the Medicare claims filing requirements.
  - — Physicians & suppliers who do not submit Medicare claims for Medicare beneficiaries may be subject to a civil monetary penalty of up to $2,000 for each violation.
- Medicare assigned claims must be filed within one year from the date of service or the payment will be reduced by 10%.
- All Medicare claims must be submitted on the Standard Health Insurance Claim form (HCFA-1500, 1/84). Ambulance providers may continue to use Form HCFA-1491 Request for Medicare Payment-Ambulance. The Patient's Request for Payment form (HCFA-1490S) will not be accepted for services performed on or after September 1, 1990.

RECOMMENDED PHYSICIAN & SUPPLIER IMPLEMENTATION STEPS

- All Non-Participating Physicians & Suppliers *Not* Presently Submitting Claims for Medicare Patients
  - — Identify your Medicare patients.
  - — Revise your billing procedures, if necessary, to include the preparation & submission of a Medicare claim.
  - — Advise your patients not to submit a claim directly to Medicare if you do not accept assignment. Tell them when you anticipate submitting the claim & that they may follow-up with Blue Cross and Blue Shield of Illinois if their claim has not been processed 30 days after it is submitted. Medicare carriers are required to process 95% of all claims within 30 days.
  - — Refer to the September 1989 edition of the Medicare B Provider Handbook, Forms & Filing Chapter, for *complete instructions* on completion of the claim form. Training sessions may be held at a later date — you will receive more information under separate cover.
  - — Train your staff on Medicare billing policy.
- Paper Billers
  - — Secure an adequate supply of Medicare claim forms (HCFA-1500, 1/84). A list of forms vendors appears at the end of this article.
  - — Modify your billing software to prepare the HCFA-1500, if necessary.
- Electronic Billers
  - — Modify your billing software to submit an electronic claim to Blue Cross and Blue Shield of Illinois, if necessary.
  - — If you are not now an electronic biller, this may be a good time to consider making the switch. Blue Cross and Blue Shield of Illinois will be happy to discuss this option with you.

    *Call the Electronic Media HotLine at (312) 938-7697.

    *Address written inquiries to: Blue Cross and Blue Shield of Illinois
    Medicare B — EMC Unit
    P. O. Box 210
    Chicago, Illinois 60690

MANDATORY CLAIMS FILING DOES NOT AFFECT THE FOLLOWING:

- Physician/Supplier/Beneficiary Payment Arrangements
  - — Physicians & suppliers who do not accept assignment may continue to request payment in full at the time that the service is provided. We encourage you to file the claim about the same time you request payment. This will reduce a potential financial hardship for the patient & reduce future inquiries to you about the status of the claim.
- Non-Covered Medicare Services
  - — Physicians & suppliers are encouraged to file claims on behalf of Medicare beneficiaries for non-covered Medicare benefits in order to get the payment information necessary to claim their supplemental insurance benefits.

FURTHER INFORMATION

HCFA-1500 claim forms may be purchased from: American Medical Association
P. O. Box 10946
Chicago, Illinois 60610
(1-312-280-7168 for prices)

(This report is a service to the physicians of Illinois)
7/6/90

Editorials

The National Practitioner Data Bank – a concept whose time has come?

The National Practitioner Data Bank (NPDB), set to be launched sometime in the next three months, seems at first blush like an idea whose time has come. After all, who wouldn't want to see a data bank put in place whose purpose is to track incompetent or unqualified health care professionals?

Yet as well-intentioned as the NPDB appears, serious concerns are being expressed regarding its implementation, scope and future implications. We in organized medicine have been heavily involved in the effort to ensure that the NPDB, enacted by the U.S. Congress and signed into law as part of the Health Care Quality Improvement Act of 1986, works to the benefit of society.

The data bank may help prevent unqualified health care professionals from moving from state to state to escape punitive licensure and disciplinary requirements. But it will also mean potentially more individuals and groups will have access to information about physicians and others, and that presents a concern over exactly who will have access and under what conditions.

Illinois was one of the first states in the nation to enact a mandatory reporting law for physicians. For us, strong reporting requirements are a way of life. We in Illinois have strongly urged the American Medical Association to monitor the new national data bank so that it will not bring more harm than good.

A video for maximal care of HIV patients

The HIV video and instruction manual program produced by the Illinois State Medical Society for the Illinois Department of Public Health should move us another step forward in the treatment of HIV-positive patients in Illinois.

Only several years after the first appearance of the HIV virus in this state, an epidemic of the deadly disease is bringing physicians and other health care professionals into direct daily contact with complicated societal and personal issues. Understandably, many physicians feel uncomfortable discussing in detail a variety of sexual activities and drug-use patterns with their patients. *HIV Counseling and Testing: The Physician's Role* can help smooth the path for physicians faced with such responsibilities. We urge doctors to make use of this valuable resource meant just for them.

Renew your medical licenses now!

The deadline for renewal of all Illinois medical licenses is fast approaching on July 31. If you haven't already requested and/or received your application forms and sent them back, we have just three words for you – Do It Now! ▲

Illinois Medicine

VOLUME 2, NUMBER 14 **JULY 6, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Ginny Thiersch, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



"Please hurry, my husband is having terrible chest pains."

Guest Editorial

Let's improve measles immunization in Illinois



by Stuart Levin, M.D.

Our measles strategy of 20 years' duration has failed and must be changed. In 1989, during the worst measles outbreak in the United States since 1978, Illinois had the greatest number of cases and the highest incidence rate in the country.

Our vaccination program failures have occurred for two reasons: ineffective immunization of preschool-aged children in whom the highest rates of disease and death occur; and an incorrect assumption that one measles immunization is effective for life.

Anyone born after 1956 who has not had measles is potentially at risk, and should immediately receive live measles vaccine. Since Illinois, and particularly Chicago, had the highest 1989 incidence rate in the United States, it is vital that the state's practicing physicians immediately respond to this epidemic. The following suggestions, while subject to later modification, should be implemented now.

•Routine measles immunization now consists of two doses. The timing of the second dose is a matter of ongoing debate. Ten to 11 years of age, or the fifth grade, is a preferable time.

•Immunization should be with live attenuated trivalent MMR (measles/mumps/rubella) vaccine, except for infants under 12 months of age, who should only receive specific monovalent measles vaccine.

•In neighborhoods with more than two or three measles cases in preschoolers, all unimmunized infants 6 to 12 months of age must be immediately immunized with monovalent measles vaccine. Immunization must be repeated at 15 months of age with MMR. This group must receive a third immunization at age 10 to 11 years.

•During a community outbreak, children 12 to 15 months old should receive their first MMR as soon as possible and their second dose at age 10 to 11 years.

•Those younger than 10 years and older than 15 months who have had one prior measles vaccine should be reimmunized.

•All those between 10 and 34 should be immunized immediately. Unless documented for prior immunization after the first birthday with a live attenuated vaccine and without concomitant immune serum globulin, a second dose should be administered, not less than one month after the initial dose.

•The only exception to these recommendations for all individuals between 6 months and 34 years of age might be for individuals who have had documented physician-diagnosed natural measles disease or who have serologic evidence of immunity. Serologies are useful if available, but are costly, time-consuming and not recommended when making immunization decisions.

•Individuals with severe allergies to eggs and neomycin should not be immunized. Women must be warned against pregnancy for the three months following immunization; pregnant women should not be immunized.

•If in doubt, reimmunize. Additional doses of live MMR vaccine are much safer than the disease.

•Physicians should contact their patients, emphasize the need for repeat immunization and request they come in as soon as possible.

To reiterate, the policy of a single measles vaccination at 15 months of age, now in place for 20 years, has failed. We must act immediately and cooperatively to immunize all susceptible Illinoisans. ▲

Stuart Levin, M.D., is the James Lowenstine professor of internal medicine and director of the section of infectious disease in the department of internal medicine at Rush-Presbyterian-St. Luke's Medical Center in Chicago.

Alan A. Harris, M.D., associate professor and senior attending physician in internal medicine at Rush, contributed to this editorial.

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

Dr. Stevenson brings down the walls for women at the AMA

ON JUNE 2, 1876, the *Philadelphia Evening Bulletin* reported: "The largest assemblage of the medical profession ever held in America yesterday honored itself by bursting the bonds of ancient prejudice, and admitting a woman to its membership by a vote that proved the long-waged battle is won, and that . . . professional qualification, and not sex, is to be the test of standing in the medical world."

1 5 0

The woman was Sarah Hackett Stevenson, M.D. (1841-1909), who had grown up in a small town in Ogle County, about 100 miles west of Chicago. A graduate of Illinois State Normal University, she began her professional life not as a doctor, but as a public school teacher and principal. Having decided to pursue a career in scientific writing, she came to study anatomy and physiology at the Women's Hospital Medical College of Chicago. There she discovered a love for medicine, and enrolled in the full course of studies.

The college was the only medical school open to women in Chicago. As Thomas Bonner, author of *Medicine in Chicago, 1850-1950* reports, a small group of women was admitted to the Chicago Medical College in 1869, but male students soon petitioned to have the experiment stopped. They complained, Bonner writes, that "certain clinical materials and observations had been omitted by the faculty because of the presence of the young women."

Dr. Stevenson undoubtedly faced formidable obstacles in her efforts to become a doctor, but she remained undaunted. Like the era's best male students, she made several trips to Europe to round out her education, and even studied with Thomas Huxley and Charles Darwin. She then returned to Chicago to practice and teach physiology and histology at the Women's Medical College.

Elected along with three other women to the Illinois State Medical Society (ISMS) in 1875, Dr. Stevenson chaired the society's Committee on Progress in Physiology. Her work so impressed T.D. Fitch, M.D., ISMS president, that when one of the group's delegates to the annual American Medical Association (AMA) meeting in Philadelphia fell ill, Dr. Fitch sent Dr. Stevenson as alternate.

Sending a woman to the AMA as an alternate was to some extent tweaking the rules. The AMA had long held out against women as members; among the anti-women advocates were Chicago resident and AMA founder Nathan S. Davis, M.D. and AMA President Alfred Stille, M.D., who in 1871 proclaimed: "In the business of life, and especially in the practice of a scientific art . . . [a woman] usually displays a strange ignorance of the logic of reason, and a profound contempt for the logic of facts."

At the following morning's roll call, Dr. Stevenson's name was read twice by the AMA secretary. Immediately a motion was made to refer her membership back to the AMA's judiciary council, but it was defeated by a large majority, "with great applause," said Dr. Fitch. "Let us congratulate ourselves that we possess the first woman delegate to the American Medical Association," he told ISMS members.

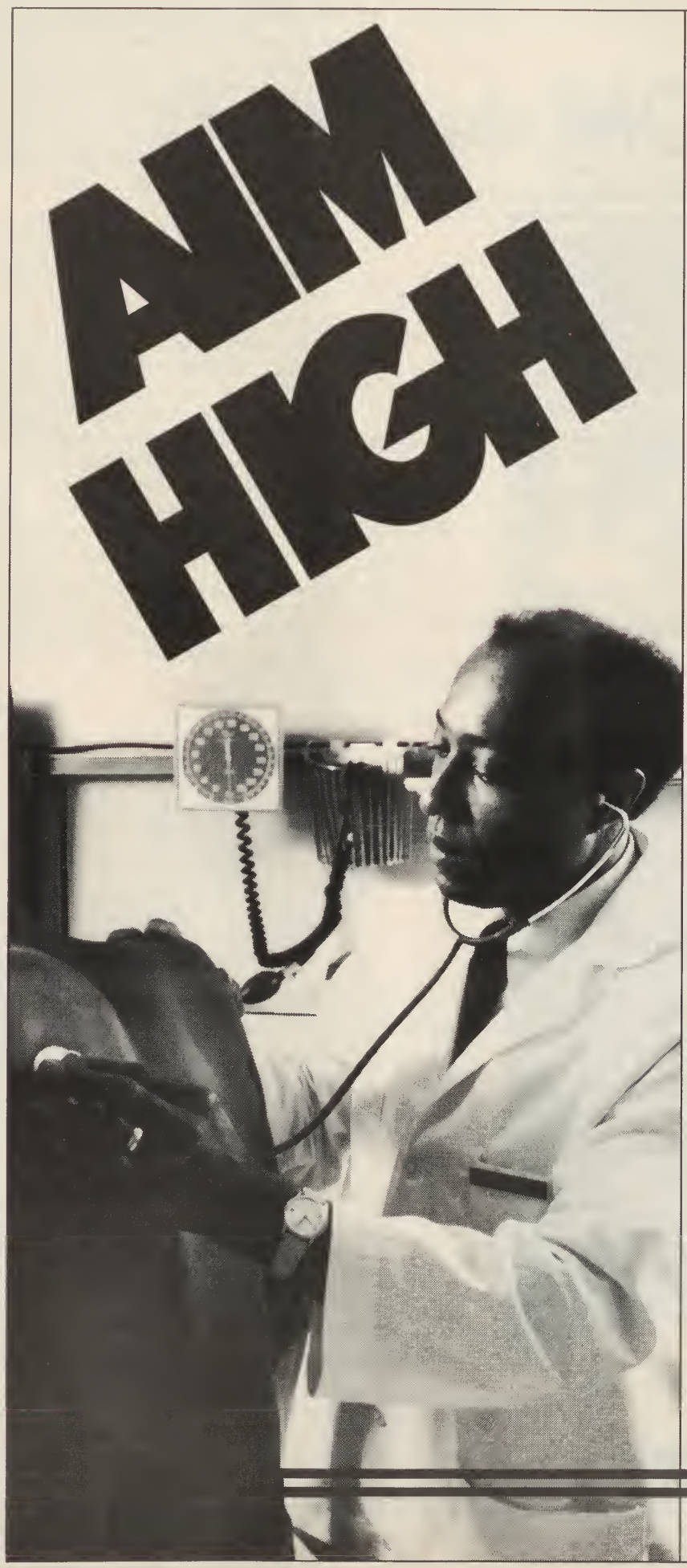
Her trailblazing membership in AMA was only one of many accomplishments in Dr. Stevenson's life. She also worked unstintingly for social causes, including Jane Addams' Hull House, and lobbied eloquently and successfully to have the Chicago Women's Club admit its first black member.

Dr. Stevenson was a blunt woman who prided herself on her scientific objectivity. She had little patience for politics or pretense. She once wrote, "Though in possession of two titles, professor and doctor of medicine, I never use either, only when I'm obliged to. I'd so much rather be plain Sarah Hackett Stevenson, without prefix or suffix." ▲



Illinois State Historical Library

Sarah Hackett Stevenson, M.D., became the AMA's first woman delegate in 1876.



SPECIALIZE IN AIR FORCE MEDICINE.

ER Physicians. Radiologists. OB/GYNs and other specialists! Today's Air Force gives you the freedom to specialize without the financial overhead of running a private practice. Talk to an Air Force medical program manager about the tremendous benefits of becoming an Air Force medical officer:

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay each year

Examine your future in the Air Force. Learn if you qualify. Call

USAF HEALTH PROFESSIONS

COLLECT
815-424-2035

STATION TO STATION

AIR FORCE

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin

If these were your patients, how would you have handled these cases?

Case #1

Presenting complaint and initial diagnosis – A 14-year-old boy was brought to a hospital emergency room after a New Year's Day skiing accident. After determining the boy's vital signs were normal, the ER physician ordered x-rays of his lower left leg, which appeared to have sustained multiple fractures. There was no radiologist in the hospital, so the ER physician read the x-rays, which showed displaced left tibia and fibula fractures. An orthopedic surgeon reduced the fractures and a walking cast was placed. The boy was released from the hospital the next day with instructions to return to the orthopedic surgeon by a specified time.

The case in brief – The boy continued to complain of pain and swelling in his right hip. Twice his parents telephoned the orthopedic surgeon and suggested that x-rays be taken of the hip, but the surgeon rejected the idea. Two weeks later, the parents brought the boy back to the ER and demanded that a hip x-ray be taken. It revealed a greenstick fracture at the base of the femoral neck, partially healed but in a 90-degree varus. Another surgeon performed the necessary open reduction with internal fixation.

The resulting claim – The boy and his parents sued both the ER physician and the orthopedic surgeon for failure to perform proper x-rays and delay in treatment. The suit charged that the delay allowed avascular necrosis to develop in the hip, necessitating eventual hip fusion and hip replacements.

The outcome of the claim – A $35,000 settlement was made on behalf of the ER physician for failure to order x-rays of the boy's pelvis when he was first brought to the hospital. The orthopedic surgeon argued that he based his surgical plan on the x-rays the ER physician ordered and had no reason to order pelvic x-rays. He also contended that the avascular necrosis was a natural outcome of the boy's injury. But plaintiffs' experts alleged the orthopedic surgeon should have ordered his own x-rays before performing the surgery or at least ordered a hip x-ray when the parents repeatedly requested one. The orthopedic surgeon eventually settled for $160,000 before trial.

Case #2

Presenting complaint and initial diagnosis – A 21-year-old man came to a hospital ER on a Sunday evening experiencing severe pain in his left hip. He said he had been playing softball and that had aggravated the pain, but that his hip had been hurting for three or four months. The ER physician ordered anteroposterior (AP) and lateral hip x-rays. Because no radiologist was on call, the ER physician read the x-rays himself. He saw nothing abnormal in the films but, based on physical examination findings, he diagnosed bilateral inguinal hernia and referred the patient to a surgeon.

The case in brief – On Monday, the radiologist who contracted with the hospital to read its films arrived to review the plates taken over the weekend. Only the AP hip x-ray was in the rack. The radiologist read it, saw no pathology and wrote his report. Meanwhile, the patient saw the general surgeon, who confirmed the bilateral hernia and subsequently operated. Within a few days after surgery, the young man again complained of hip pain. The surgeon suggested he see an orthopedic surgeon and have additional x-rays and tests performed, but the patient failed to do so. Four months later, he presented in the ER of another hospital seeking treatment for severe hip pain. X-rays and additional tests revealed Ewing's sarcoma. He died two years later.

The resulting claim – Shortly after the patient's death, his family sued the ER physician and the radiologist for negligence, alleging failure to diagnose and treat in a timely fashion. The ER physician's records showed he had ordered and read both the AP and lateral hip x-rays; he contended that he had relied on the radiologist as the final interpreter of the x-rays and should not be held to the same standard of care in this regard as the specialist. He was dismissed from the case. In reviewing his records, the radiologist found that although he had read only one x-ray, his office had billed for interpretation of two. He argued that the x-ray he did read revealed no pathology. Plaintiffs' experts said even though he read only one, he should have been able to discern the pathology that was present and certainly should have investigated further. A six-figure settlement resulted to compensate for the young man's lost earnings potential and because he left a wife and small child.

The points these cases make – Both cases involve missed diagnoses centering on x-rays. While there can be legitimate differences of opinion among specialists about x-ray interpretation, in these instances the proper films were either not read or not taken. In one case, no new x-rays were ordered despite the patient's subsequent complaints of hip pain; in the other, one of two x-rays was never read by the radiologist. Systems failures, especially those involving lost or stray test results, can have devastating consequences for patients, Illinois State Medical Inter-Insurance Exchange experts say. Based on the patterns in these two cases, experts suggest physicians:

- Take steps to assure open communication when involved in a patient's care with other physicians and health professionals. All relevant information must flow smoothly among the appropriate individuals.
- Assume nothing; "check it out" when picking up the chain of care from others. Had the orthopedic surgeon in the first case taken another set of x-rays before reducing the patient's leg fractures, the hip fracture might have been identified much earlier. Physicians today are pressed to keep costs down for patients and insurers. But an additional test to find a problem early may significantly reduce future treatment costs.
- Listen to the patient. In both cases described, the patients were telling their physicians they still had problems.
- Radiologists should confirm ER x-ray interpretations; the system in place for follow-up must promptly address any discrepancies.
- Make sure that systems exist to assure that numbers of tests ordered, interpreted and billed correspond and that test results are tracked through the order to results and to follow-up. One missed test result can have serious consequences for the patient and the physician. ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

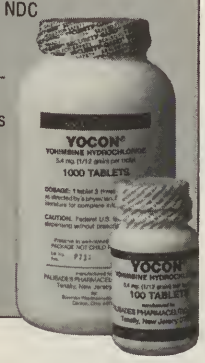
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Board Briefs

The Illinois State Medical Society (ISMS) Board of Trustees met Saturday, June 9 at ISMS headquarters in Chicago. Following are highlights of the board's actions:

Health Care Access Committee created

The Board approved an Executive Committee proposal for creation of a Committee on Health Care Access, to report directly to the Board. The new committee arises out of the work of the Subcommittee on Rural Health, which began last year to address issues of physician shortage, distribution and access to care in rural Illinois. The new committee will address broad issues of access to care throughout the state, will evaluate the health care needs of shortage areas and will develop specific proposals on access issues.

Medicare issues

The Board endorsed the submission of a resolution to the American Medical Association (AMA) expressing concern over a new Health Care Financing Administration (HCFA) program. The proposed nationwide Comparative Performance Report Program would notify the top 2 percent of physicians in each Medicare geographic area that they substantially exceeded their peers in the number of particular procedures performed. The Third Party Payment Processes Committee had noted that the methodological approach being considered is seriously flawed, and that the "informational" nature of the program is subject to question.

Key Contact Program approved

The Board approved a Governmental Affairs Council recommendation for a reorganization of the ISMS Key Contact Program in the Illinois General Assembly. This ISMS program had been discontinued some years earlier, but is being revitalized as the volume of legislation has significantly increased in recent years. Individual physician and auxilian contacts with legislators will be combined with group-network support. The program can be activated either on a statewide basis or for targeted legislators, especially during key moments in the progress of committee hearings.

Women in Medicine panel, Young Physicians delegates

The AMA has solicited nominations for its Women in Medicine Advisory Panel. The Board ratified the nominations of H. Constance Bonbrest, M.D., nominated by the Chicago Medical Society; Silvana Menendez, M.D., nominated by the ISMS Hospital Medical Staff Section Governing Council; and Patricia Merwick, M.D., nominated by the DuPage County Medical Society, for positions on the panel.

The Board also ratified the appointments of Tim Kisabeth, M.D., of Alton, as delegate and Richard Quinones, M.D., of Chicago, as alternate delegates to the AMA Young Physicians Section Assembly. ▲

AIDS video

(continued from page 2)

patients tough questions relating to the disease.

According to Chet Kelly, chief of the AIDS activity section for IDPH, the subcommittee felt a tape/manual was the most effective way to convey the intended message.

"It was felt that there are a number of physicians who have fears about the spread of HIV in their own office settings," said Kenneth A. Haller Jr., M.D., a Centreville pediatrician and subcommittee member, regarding the program's creation.

"The main point we wanted to get across is that it's understandable that practitioners may be embarrassed asking about sexual histories," Dr. Haller said. "But most patients are really not embarrassed to talk about it. They expect to be asked a sexual history and if the doctor doesn't ask questions about sexual behaviors and activities, the patient probably won't volunteer it.

"The secondary point is that the physician should be non-judgmental in getting the sexual history," he added. "This is medical information and the physician should not make moral judgments about what sorts of behaviors people have chosen to engage in. That's something that would really hinder the therapeutic encounter."

The video demonstrates narratively how one physician approaches the drug and sexual-practice histories of two patients and how he handles HIV testing and counseling for the patients. The scenarios show viewers how a physician's attitudes and actions can affect patient relations. The instructional guide that accompanies the video is designed to work with either individual viewing or small group presentations. It contains questions for discussion during key points in the video, an overview of information provided in the videotape, and sample forms for assessing patients' substance-use and sexual-practice histories.

IDPH will loan copies of the video and instruction guide to physicians and educational institutions at no charge. For further information or to view the program, write: AIDS Facts for Life, AIDS activity section, Illinois Department of Public Health, 525 W. Jefferson, Springfield, Ill. 62761.▲

The Simple Pleasures

Remember when every major medical plan was like this . . .

NO PRE-APPROVALS

CHOOSE YOUR OWN DOCTOR & HOSPITAL

FAST FRIENDLY CLAIMS SERVICE

"No pre-approvals," the doctor said. The doctor just as easily could have declared that they were free to go to their favorite doctor *and* the trusty local hospital, with no questions asked. "We also enjoy fast, friendly claims service," added the office manager. "And the PBT's representatives always make me feel like they're on my side." It's not always this easy to find life's simple pleasures . . . great personal service . . . experienced staff used to meeting the needs of physicians and group practices . . . outstanding coverage options . . . and best of all—low group rates. However, it's what you would expect from your medical society's own program. After all, it's just what the doctors ordered!

If you're looking for the simple pleasures of a worry-free Office Benefits Program for your practice, you'll love the PBT. Enjoy our Major Medical Plan and your choice of Dental, Life, Disability and Dependent Life coverages.

For information, call toll free: (800) 621-0748. Or call (312) 559-9130 or mail coupon.

Please send information about the Office Benefits Program.

Coverage Includes:
☑ Major Medical

Options:
☐ Dental
☐ Life
☐ Disability
☐ Dependent Life

Office Manager/Contact Person: _____
Practice Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Total Number of Physicians & Staff: _____

ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.
(Formerly The Hardy Group, Inc.)

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Measles *(continued from page 1)*

free vaccine through CDOH's vaccine replacement program.

Masterson cited the non-immunization of 6-month-old to 4-year-old children as the principal reason for Chicago's unacceptable measles rate, which is 10 times the national average.

Last year 74 percent of the city's cases were in children under age 5, with blacks accounting for 71 percent and Hispanics 22 percent. Seventy-five percent were unvaccinated; of those, 44 percent were younger than 15 months. "We need to target the limited resources we have. This profile will help us use the resources effectively," Masterson said.

"We're not going to measure effectiveness by putting shots in arms, but by putting shots into the right arms," Masterson said. "We're not just after numbers, and won't consider our efforts valid if just 9-year-olds are immunized. We're after that preschool population."

The report also says increased barriers that discourage parents from immunizing their children are contributing to the city's rate. Such obstacles include parents' perceptions of long waits, as well as transportation and cost considerations.

The report also incorporates recommendations from the federal Centers for Disease Control (CDC) in Atlanta, which have been providing measles vaccine for the city and state. "It pulls in CDC recommendations and calls for more public relations efforts," said Chicago's Acting Health Commissioner Richard Krieg, Ph.D. "The purpose of reviewing the city's efforts," Dr. Krieg added, "is to allow the board of health input into the process and to better understand our position in developing direction and policy."

Initiatives target immunization access

Included in the report are several initiatives targeted at improving Chicago's current immunization access system. Under one proposal, CDOH staff would review immunization records of individuals enrolled in CDOH's Women, Infant and Children Food Supplement Program (WIC) and immediately immunize children who are behind schedule. A CDC study showed 60 percent of individuals infected with measles last year had visited a WIC site six months prior to infection.

Other planned initiatives include the monitoring of patient records at non-CDOH primary care facilities, the establishment of "express lane immunization" services at CDOH's seven neighborhood health centers to cut waiting time and the extension of operating hours by CDOH's regional health centers to accommodate working parents' schedules.

Dr. Krieg noted that a measles advisory notice was mailed to 550,000 Chicago parents June 22. The letter stated that Chicago students must be immunized before entering preschool, kindergarten, fifth and ninth grades and also stressed to parents the importance of having their infants immunized.

"Parents are waiting until their children are required to be immunized before school. They haven't seen the devastation of the disease firsthand," Masterson said.

CDOH will evaluate the proposal's effectiveness by "piloting" the initiatives. "The eradication plans are flexible and CDOH will shift its resources to those interventions that work quickly while abandoning those that don't work," Masterson said.

"By December 31, 1991, we want a measles morbidity level of fewer than 50 reported cases a month, a preschool immunization level up to 75 percent [the current level is 28 percent] and no deaths," he said.

A large portion of the plan consists of a report updating the measles situation in Chicago. That report notes Chicago recorded 2,232 confirmed cases in 1989, with eight measles-related deaths; an additional 429 measles cases and one death have been recorded through May 29 of this year.

Concerns diminishing downstate

Outside Chicago, measles appears to be fading as a public health crisis. As of June 18, the Illinois Department of Public Health (IDPH) reported no new confirmed measles cases for more than 21 days in all parts of the state outside the city of Chicago. "Twenty-one days is the maximum time it takes a person to incubate the disease," said Chuck Jennings, IDPH public health program coordinator. "With the exception of Chicago, we basically consider the measles hot outbreak to be over." Jennings emphasized that students entering fifth grade and college still need to prove they've had two doses of the measles vaccine, according to Illinois law. ▲

Department Chairman
Obstetrics/Gynecology

A major diversified northside Chicago medical center seeks candidates for the position of Department Chairman-OB/GYN. The medical center is a 350-bed teaching institution affiliated with the University of Illinois College of Medicine.

Candidates must be Board Certified in obstetrics/gynecology and have demonstrated administrative experience. This position has total responsibility for the administration and quality of medical care in the department and in the OB/GYN Outpatient Clinic. The Chairman is involved in the education programs of the department and of the clinic.

The Chairman is responsible to the Board of Directors reporting through the Medical Board on medical matters, and to the President on administrative matters.

This position is geographic full-time and offers competitive compensation and benefits. Please send your curriculum vitae in complete confidence to:

Box 2174
c/o Illinois Medicine
20 North Michigan Avenue
Suite 700
Chicago, IL 60602

Equal Opportunity Employer M/F

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

JACKSON AND COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

***Bendix**
Richard M. Bendix, M.D., of Chicago, died September 17, 1989 at the age of 76. Dr. Bendix was a 1940 graduate of Northwestern University Medical School, Chicago.

****Berman**
Alex M. Berman, M.D., of Highland Park, died September 24, 1989 at the age of 78. Dr. Berman was a 1937 graduate of Chicago Medical School.

***Cummins**
Hugh E. Cummins, M.D., of Cerro Gordo, died September 25, 1989 at the age of 59. Dr. Cummins was a 1962 graduate of the University of Illinois College of Medicine, Chicago.

****Fox**
Nathan S. Fox, M.D., of Pembroke Pines, Florida (formerly of Chicago), died September 14, 1989 at the age of 83. Dr. Fox was a 1934 graduate of the University of Illinois College of Medicine, Chicago.

Freinkel
Norbert Freinkel, M.D., of Evanston, died September 5, 1989 at the age of 63. Dr. Freinkel was a 1966 graduate of New York University School of Medicine, New York.

****Fritsch**
Kilian F. Fritsch, M.D., of Belleville, died September 15, 1989 at the age of 73. Dr. Fritsch was a 1939 graduate of St. Louis University School of Medicine, St. Louis, Missouri.

Jones
Clay H. Jones, M.D., of Chicago, died August 28, 1989 at the age of 64. Dr. Jones was a 1953 graduate of Chicago Medical School.

Kannapel
Lowell E. Kannapel, M.D., of Clinton, Iowa (formerly of Peoria), died September 6, 1989 at the age of 77. Dr. Kannapel was a 1939 graduate of the University of Illinois College of Medicine.

****Kollar**
John A. Kollar, M.D., of Northfield, died September 15, 1989 at the age of 97. Dr. Kollar was a 1916 graduate of Loyola University Stritch School of Medicine, Chicago.

***McMillan**
John C. McMillan, Jr., M.D., of Marion, died September 18, 1989 at the age of 87. Dr. McMillan was a 1926 graduate of the University of Illinois College of Medicine, Chicago.

****Mittleman**
Harry Mittleman, M.D., of East Alton, died September 27, 1989 at the age of 85. Dr. Mittleman was a 1932 graduate of St. Louis University School of Medicine, St. Louis, MO.

Nasti
Alfred L. Nasti, M.D., of Bourbonnais, died September 15, 1989 at the age of 42. Dr. Nasti was a 1977 graduate of Facolta di Medicina e Chirurgia, Universita di Bologna, Italy.

***Neumann**
Helene A. Neumann, M.D., of Chicago, died September 9, 1989 at the age of 63. Dr. Neumann was a 1952 graduate of Medizinische Fakultaet der Johann Wolfgang Goethe Universitaet, Frankfurt-am-Main, Germany.

***Phifer**
Joe C. Phifer, M.D., of Eureka, died September 1, 1989 at the age of 62. Dr. Phifer was a 1954 graduate of Jefferson Medical College of Thomas Jefferson University.

Raymond
John H. Raymond, M.D., of Rock Island, died August 28, 1989 at the age of 87. Dr. Raymond was a 1933 graduate of the University of Minnesota Medical School, Minneapolis.

Reed
Leon Reed, M.D., of East St. Louis, died August 29, 1989 at the age of 63. Dr. Reed was a 1960 graduate of Meharry Medical College School of Medicine, Nashville, TN.

Reyes
Angel I. Reyes, M.D., of Chicago, died September 4, 1989 at the age of 82. Dr. Reyes was a 1932 graduate of the College of Medicine, University of the Philippines System, Manila.

****Riggert**
Hans W. Riggert, M.D., of Metamora, died August 24, 1989 at the age of 85. Dr. Riggert was a 1936 graduate of Loyola University Stritch School of Medicine, Chicago.

***Scheel**
Richard E. Scheel, M.D., of Wheaton, died September 3, 1989 at the age of 65. Dr. Scheel was a 1947 graduate of the University of Illinois College of Medicine, Chicago.

****Schick**
Andrew D. Schick, M.D., of Oklahoma City, OK (formerly of Oak Forest), died September 8, 1989. Dr. Schick was a 1922 graduate of Rush Medical College, Chicago.

***Smith**
Carl E. Smith, M.D., of Barnesville, OH, (formerly of Chicago), died September 12, 1989 at the age of 76. Dr. Smith was a 1948 graduate of Chicago Medical School.

***Smith**
Charles J. Smith, M.D., of Buffalo Grove, died August 31, 1989 at the age of 76. Dr. Smith was a 1940 graduate of Northwestern University Medical School, Chicago.

Steinberg
Hyman Steinberg, M.D., of Glenview, died August 24, 1989 at the age of 77. Dr. Steinberg was a 1934 graduate of the University of Illinois College of Medicine, Chicago.

***Stephens**
Edward F. Stephens III, M.D., of Centralia, died October 30, 1989 at the age of 57. Dr. Stephens was a 1963 graduate of Emory University School of Medicine, Atlanta, GA.

***Wei**
Yu Shang Wei, M.D., of Burr Ridge, died November 9, 1989 at the age of 59. Dr. Wei was a 1955 graduate of the College of Medicine, National Taiwan University, Taipei, Taiwan.

****Zettelman**
Henry J. Zettelman, M.D., of Sun City, AZ (formerly of Evanston), died August 2, 1989 at the age of 82. Dr. Zettelman was a 1932 graduate of Northwestern University Medical School, Chicago.

****Zurawski**
Walter F. Zurawski, M.D., of Chicago, died September 4, 1989 at the age of 80. Dr. Zurawski was a 1935 graduate of Chicago Medical School.

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Family practice. Extraordinary opportunity to assume very successful office practice in progressive rural community. 2,900 square feet of functional space with fully computerized business system directly across the street from an excellent 107 bed JCAHO accredited hospital with full-time ER coverage. Broad based consulting staff available. Very competitive compensation package including income guarantee, office subsidy, malpractice, and moving expenses in community with excellent schools and good industrial and agricultural economy. Occupational and OB exposure optionally available. Call Charles Salesman, M.D., 618/544-8577 (work) or 618/544-7831 (home) or Roger Feldt, Administrator, Crawford Memorial Hospital, 618/544-3131.

Pediatrician: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE pediatrician to join department of 17 BC/BE pediatricians. Two year guarantee plus comprehensive benefit package offered. The community offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; I-800-253-1795 or in Michigan 1-800-632-3496.

Family practitioner needed for several openings in: Florida, Texas and northern California. Practice quality medicine on quality people—where the patients' needs come first. Reach new heights. Call USAF Health Professions, collect 815/424-2035 station to station. Please send CV to Col. William E. Patterson, HQ USAFRS/RSH, Randolph AFB, TX 78150.

Internal medicine/family practice—expanding practice located in new clinic 50 miles southwest of Chicago needs BC/BE physician to anchor practice for very busy surgeon. Excellent community for families, with good school system. Generous salary guarantee with partnership possibility after two years. Send letter and CV to Roman M. Smyk, M.D., 460 N. Broadway, Coal City, IL 60416; 815/634-2592.

Michigan—Ann Arbor suburb. Primary care specialists needed. Group-managed practice. Call 1 in 3. First year income guarantee, benefits and paid malpractice. Call: Wanda Parker, Senior Associate, E.G. Todd Associates, 535 Fifth Ave., Suite 1100, New York, NY 10017. Toll free: 800/221-4762. Collect: 212/599-6200.

Emergency medicine—compensation package over $110,000 per year. Career opportunities in emergency medicine with company providing emergency physician services to 14 hospitals in Iowa. Physicians work as independent contractors, with a guaranteed hourly compensation, excellent benefit package, and paid malpractice insurance. Physicians must be certified in ACLS and have pertinent experience in emergency medicine. Part-time positions also available. Please contact Lowell Sisson, Emergency Practice Associates, P.O. Box 1260, Waterloo, IA 50704 or call 1-800-458-5003.

Large group practice of neonatologists and pediatricians has openings for full and part-time board eligible and/or board certified neonatologists and pediatricians. Practice currently serves 12 community and two tertiary metropolitan Chicago hospitals. Practice also has ambulatory sites throughout the metropolitan Chicago area. Excellent salary and benefits program includes malpractice insurance. For more information contact John Hylton, Director of Operations, Neonatal & Pediatric Services, S.C., 2115 Butterfield Rd., Oak Brook, IL 60521; 708/916-8900.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820.

OB/gyn, New York. 32-member multispecialty group in Long Island, New York, adding third member to its department of obstetrics and gynecology. First year, six figure salary, four weeks vacation, other benefits. Call: Wanda Parker, Senior Associate, E.G. Todd Associates, Inc., 535 Fifth Ave., Suite 1100, New York, NY 10017. Toll free: 800/221-4762. Collect: 212/599-6200.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparascopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, PO Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

ENT—Effingham, Illinois. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Family practice. Busy, growing practice needs BC/BE family physician to join well established practice. Prestigious western suburban hospital nearby. Excellent community in west Chicago suburbs. Exceptional salary and benefits. Partnership available upon agreement. Contact: Sherie Everhart, 708/766-6300.

Medical center seeking physicians to work part time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call 708/390-0300 or 708/390-9300.

Need medical oncologist in practice to associate with cancer center. Write to Box 2172, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

OB/gyn—family practice—general surgery— internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc., 12724 N. Maplecrest Lane, Mequon, WI 53092, 1-800-243-4353.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Physican wanted. Pediatrician, with or without training in allergy, to join rapidly expanding solo practice near Chicago. Excellent oportunity. Reply to Box 2171, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General Surgeon—BC/BE to join multispecialty group in southern Illinois serving population of about 20,000. Within 20 miles of Southern Illinois University Medical School, 120 miles from St. Louis, MO and 45 miles from Paducah, KY. Modern 40 bed hospital with x-ray, lab, CT scan, ultrasound and special care unit. Must be willing to do some primary care. (No OB). Guaranteed income with all practice expenses paid plus incentive. Write: E. A. Helfrich, Administrator, Union County Hospital, Anna, IL 62906; 618/833-4511 call collect.

Internist, BC/BE, Rockford, IL. Solo practice, three man call, stable, active practice, transition with retiring physician. Medical center assistance. Call collect, Joanne Zenisek, 815/226-0220.

The Department of Family and Community Medicine, University of Illinois College of Medicine, Rockford, is expanding and seeks applications for full-time clinical faculty as instructors in family practice residency or undergraduate ambulatory care teaching facilities. Responsibilities include teaching, patient care and research. ABFP board certified/eligible. Teaching and practice experience preferred with OB optional. Salary/rank commensurate with experience. Competitive salary/fringe benefits. Inquiries and CV to L.P. Johnson, M.D., 1601 Parkview Ave., Rockford, IL 61107. For fullest consideration submit application by July 1, 1990. The University of Illinois is an equal opportunity affirmative action employer.

Family physician—well equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five-room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone 618/285-6634.

Time for living! Time for family, children, traveling, hobbies, sports, hiking, music, boating, art, skiing, community activity. Madison Ambulatory Care Center: outpatient family practice, occupational health. Approximately 25 hours per week, very flexible scheduling. Salary $30,000 plus paid health, life, malpractice, 401K (total package worth in excess of $40,000). Contact David Goodman, M.D., MedicEast, 2810 E. Washington Ave., Madison, WI 53704; 608/244-1213.

Nationwide practice opportunities. All specialties. Fees paid by clients. Call: Wanda Parker, E.G. Todd Associates, Inc., 535 Fifth Ave., Suite 1100, New York, NY 10017. 800/221-4762, or 800/599-6200.

Ophthalmologists, anesthesiologist, and internist needed: Internist or general practitioner to provide internal medicine services for patients of private ophthalmology practice/surgicenter. Responsibilities will include pre-op H&P and EKG interpretation. M-F. No nights, no weekends, no call. Anesthesiologists: full-time for ophthalmology ambulatory surgery center. M-F. Daytime hours only. No call. No inpatient responsibility. Ophthalmologists: general, glaucoma, cornea, or oculoplastic. High patient population. Excellent financial opportunity. Send CV to Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178 or call 815/756-8571.

Medical director. North Suburban Clinic, a 50 physician multispecialty group located in north suburban Chicago, is recruiting for a full-time experienced medical director. This position is responsible for utilization review for the group's several managed care contracts, quality assurance activities, physician recruitment, risk management, peer review. Excellent presentation and verbal/written communication skills essential. Must be board certified with primary interest in general medicine. We offer a competitive compensation package commensurate with experience. For confidential consideration, please submit your CV and salary requirements to: Robert Rosenbloom, M.D., President, North Suburban Clinic, Ltd., 4801 Church St., Skokie, IL 60077.

Outpatient clinic seeks qualified physician to provide medical care, including treatment of minor emergencies, acute illnesses, routine physical exam and injuries, for Western Illinois University. Competitive salary. Excellent benefits, including regular work hours, free tuition, paid malpractice, vacation and sick leave, and retirement. This position could be the right one for you! Expected starting date fall 1990. Please submit a letter of application, along with three letters of reference and a resume to: Jaime Cercone, M.D., Medical Chief of Staff, Beu Health Center, Macomb, IL 61455.

Chicago, IL—Emsco Management Services currently staffs eight emergency departments and four ambulatory care facilities within the metropolitan Chicago area. If you would like to become a member of a group committed to excellence, please call or send your CV for immediate consideration to: Diane Temple, 907 N. Elm St., Suite 301, Hinsdale, IL 60521, 708/654-0050.

St. Louis University's HealthLine Physician Services is currently recruiting primary care physicians to provide clinical services in the emergency department of Harrisburg Medical Center in Harrisburg, IL; full-time and part-time positions are available. Moderate volume; 24-hour radiology, anesthesiology, laboratory; strong ED nursing and medical staff support. Competitive hourly rate with professional liability insurance provided. Contact Gerry Liebmann, 1-800-443-3901, 3663 Lindell, Suite 400, St. Louis, MO 63108.

Family practice, OB/gyn, internal medicine. Opportunities available for BC/BE physicians to join independent, multispecialty group with 10 clinics in the Minneapolis/St. Paul metropolitan area. Fee-for-service and pre-paid patients, highly competitive earnings, excellent benefit package. Reply: Nancy Borgstrom, Aspen Medical Group, 1020 Bandana Blvd. West, St. Paul, MN 55108; 612/641-7185.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin, 44 physician, multispecialty group is seeking two internists, a vascular surgeon, a rheumatologist, an OB/gyn, an ophthalmologist and a neurologist. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Parkway, Beloit, WI 53511, or call 608/364-2200.

Director, new family medicine residency urban track. BS/BE primary care physician needed to head an interdisciplinary team in new urban family medicine training track. Experience and interest in teaching in an urban setting essential. For more information contact: Martin Lipsky, M.D., Mercy Family Practice Residency Program, 2127 Jefferson Ave., Toledo, OH 43624; 1-800-222-8489.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Positions available for four (4) diagnostic radiologists. Candidates must be board eligible by American College of Radiology standards, as well as meet all facility credentialing requirements. Contact Chief, Radiology Service (114), VA Medical Center, 3001 Green Bay Rd., North Chicago, IL 60064; or call 708/578-3762. Positions would be located at Naval Hospital Great Lakes as part of the DoD/VA Sharing Agreement.

OB/gyn: western Illinois position with 20 percent teaching involved, large community, hospital supported full benefit package. Also position in large Iowa town, M/S clinic. Good schools, middle-America lifestyle. Two situations in Ohio, 300 bed hospital near Columbus. One solo, one partnership. Physician friendly community. Total packages, malpractice, insurances, vacation, CME, etc. Please send CV and/or contact Sharon Drake, Spencer Roberts and Associates, 10101 S. Roberts Rd., Palos Hills, IL 60465; 1-800-456-0244.

Radiologists: one with strong ultrasound skills, nuclear radiology. The other diagnostic/interventional. Chicago area, salaried positions, hospital based, assistant chair for the first spot. Total fringe package including malpractice. Contact Sharon Drake, Spencer Roberts and Associates, 10101 S. Roberts Rd., Palos Hills, IL 60465; 1-800-456-0244.

Orthopedic surgeons: busy southern Illinois practice has three physicians, seeking fourth and fifth. Close to large lake. Benefit package is attractive, good family life. Opportunity in central Illinois, 60K population, coverage excellent, also close to large lake, camping, hiking, outdoor life. Also two opportunities in Iowa, best school system in the nation. Very competitive packages available. Send CV and/or contact Sharon Drake, Spencer Roberts and Associates, 10101 S. Roberts Rd., Palos Hills, IL 60465; 1-800-456-0244.

Pediatricians: southern Illinois community, take over practice of retiring physician. Fully hospital supported, excellent income potential. Also, an opportunity in the western suburbs of Chicago. Hospital employee, offers most comprehensive benefit package. Third practice situation in northwestern Illinois, will be 80 percent teaching, 20 percent clinical. Compensation excellent. Contact and/or send CV to Sharon Drake, Spencer Roberts and Associates, 10101 S. Roberts Rd., Palos Hills, IL 60465; 1-800-456-0244.

Situations Wanted

General practice and general surgery. Seeking position solo practice in GP/GS, sponsored by a JCAH Hospital, not HMO. Illinois license, American Board eligible in surgery. Available now. Write: 10 Cottonwood, Apt. 811, Canyon, TX 79015.

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

A board certified pediatrician with emergency room experience seeks a full-time hospital based position for Chicago and suburbs only. Will consider HMO. Reply to Box 2177, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Primary care solo practice. One hour from Chicago. Completely equipped, staffed and computerized. Established since 1981. Excellent patient base. No HMOs. Hospital nearby. Call 815/786-9767.

Dental office—beautiful office in prestigious modern building. Excellent busy location. Three exam rooms, lab, private office, washrooms and parking. Waukegan, IL; 708/244-8340.

Oak Brook. Exquisite country French home with tennis court. Five bedrooms, library, 3-1/2 baths, finished basement, three car garage. Hinsdale district. 708/325-4376.

200 MA Westinghouse x-ray machine, fully equipped. Priced reasonably. Call 618/532-7311.

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Bellevelle hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Elgin, Illinois: office space available in medical building. Two suites 400 or 850 square feet. Located two blocks from hospital. Call Dorothy O'Malley, 708/741-0200.

Pediatric practice on sale in growing young community of Bolingbrook. Well equipped office in medical building. For information call 708/852-1948 after 8pm.

Medical clinic near Howard/Western intersection. Total luxurious renovation. Built-in reception areas, counters, sinks, cabinetry. Quality workmanship. Parking lot. The Urban Network, Ltd., 312/829-2666.

For sale: well equipped surgicenter with three operating rooms, started in 1973, offering first trimester legal abortions and other out-patient gynecological services, located in a fine north suburb of Chicago. Close to transportation. Staffed by three BC gynecologists, and 12 well trained medical assistants. State inspected and passes all codes. Owner must retire. For further details call from 3:00pm to 5:00pm 708/677-9660.

Office for rent on Montrose and Kimball—3354 W. Montrose, second floor, 1300 square feet, five rooms and stock room. Newly remodeled. Excellent condition, like new. Central air conditioning and heat, two washrooms, new carpet. 708/470-1206.

Oak Brook. Secluded retreat set among towering evergreens on 2.7 acres. This 14 room contemporary boasts six bedrooms, 4.5 baths, maid's quarters, separate five room guest house and much more. Sharon Schwanderlik, PAV Realtors, 708/795-7100.

Orthopedic practice for sale. Sole practitioner located about 50 miles from Chicago, grossing over $1,300,000, annually and netting close to $800,000 while taking off 12 weeks. 12-15 surgery cases performed weekly and 50 in-office patients daily. New, first class building with 5,000-plus square feet part of sale. Ideal for individual or group. Call for more details. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Miscellaneous

Attention: Earn money typing at home! 32,000/year income potential. Details. 602/838-8885 ext. T-17390.

Attention—hiring! Government jobs—your area. $17,840-$69,485. Call 602/838-8885 ext. R-17390.

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Attention: Earn money reading books! $32,000/year income potential. Details. 602/838-8885 ext. BK-17390.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing. Computerized system can be customized to meet the needs of your practice. Accurate ICD-9 and CPT coding. Insurance filing and follow-up. Financial reports showing practice analysis. Contact Golden Office Management, Inc., 3317 W. 95th St., Evergreen Park, IL; 708/423-7778.

SMC: POL consulting; quality assurance is quality care. Laboratory compliance: federal and state regulation; quality control programs, safety, procedure manuals, instrument maintenance logs, correlation analysis. Complete laboratory evaluation. Free POL assessment. 312/882-4526.

Medical Update: Physicians aren't only ones who burn out

Physicians and other medical professionals must guard against burn-out. But you should also be alert to patients or families who become over-stressed. Especially parents of children with disabilities.

Now there is help. **Time Out** is a new respite care service offered by the Illinois Children's School and Rehabilitation Center in Chicago.

Located near the University of Illinois' Circle Campus, ICSRC's **Time Out** service provides temporary care for children with physical or medical impairments.

Time Out will take youngsters for as short as two hours, so mom or dad can run an errand, or up to two weeks, allowing parents to take a vacation. They will be cared for by trained staff, and participate in activities with ICSRC students.

Time Out accepts youngsters with disabilities ages 5-21, who are medically stable and free of life support or tube feeding systems. The service is provided on an affordable sliding fee scale.

ICSRC is a residential school for children with severe disabilities, operated by the Illinois Department of Rehabilitation Services.

For more information or to make a referral, contact Olive Dilworth at ICSRC, 1950 W. Roosevelt Road, Chicago, IL 60608, 312/413-1812.

TIME OUT
A Break for Families

ILLINOIS STATE MEDICAL
INTER-INSURANCE EXCHANGE

THE EXCHANGE IS PHYSICIAN OWNED AND OPERATED, SUPPORTED BY A STAFF OF INSURANCE PROFESSIONALS. OUR COMMITMENT TO OUR POLICYHOLDERS ALLOWED US TO STAND FIRM WHEN OTHERS WERE ABANDONING ILLINOIS PHYSICIANS.

Protecting physicians from non-meritorious lawsuits is behind the Exchange's strong commitment to reform medical malpractice laws. Our continuing vigilance is aimed at protecting these hard-won reforms–some of which have been threatened by court challenges.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians

SINCE 1976

COMMITTED

TO THE ILLINOIS PHYSICIAN

NATIONAL LIBRARY
JUL 1 2 1990
OF MEDICINE

ILLINOIS STATE MEDICAL INTER-INSURANCE EXCHANGE

v.2 no.15 1990
T1: ILLINOIS MEDICINE

Illinois Medicine

Health Outreach Program reaches Chicago youth . . . 6

July 20, 1990

ILLINOIS STATE MEDICAL SOCIETY

Passage of free-clinic immunity bill praised

WHEN THE ILLINOIS General Assembly passed S.B. 1736 in the closing week of its spring session last month, the action signaled what many hope will be a new era in free medical care in the state.

Until now, some Illinois physicians have been cautious about participating in free clinics for the medically indigent because of fear of added malpractice insurance risk. But the bill, which provides physician immunity for community-based free clinic care-giving, is being hailed by health care professionals and others as a big step forward in the care of the medically indigent.

Supporters of S.B. 1736 hope its passage will trigger broader volunteerism among the state's physicians. The Illinois State Medical Society (ISMS) strongly supported passage of the bill, which was sponsored in the Senate by Sen. Joyce Holmberg (D-Rockford) and in the House by Rep. Peg McDonnell Breslin (D-Ottawa). The bill is now on Gov. James R. Thompson's desk; supporters expect him to sign it.

Until now, only retired physicians have been able to fully participate in free clinic work without risk of

(continued on page 14)

Urgent! Renew your medical license now – the deadline is July 31

As the July 31 deadline for medical license renewal nears, a large number of renewal applications have still not been received by the Illinois Department of Professional Regulation (IDPR). If you haven't already requested and/or received your application forms and sent them back, do so immediately! Failure to do so could lead to fines, disciplinary action and gaps in malpractice coverage!



Natalie Wargin Design

Spring Assembly session ends with budget cuts

IMMEDIATE BUDGET considerations overshadowed everything else when the Illinois General Assembly concluded its spring session this year and Gov. James R. Thompson capped the legislature's actions with a budget cut that impacts health care services.

On July 13, Thompson cut $179 million from the $13 billion general funds appropriation presented to him June 30. His cuts in the Illinois Department of Public Aid (IDPA) budget may lengthen the payment cycle for physicians from a current estimated 37 days to between 50 and 56 days (See story page 3).

Of the veto, $115.3 million was chopped from medical assistance programs, and $25 million was taken out of the group health insurance plan for state employees. "These cuts, which return the billing cycles in medical services [and] group insurance . . . to the levels recommended in the budget, are necessary because the General Assembly did not enact a balanced budget," Thompson said.

Most recommendations from the Chicago and Cook County Health Care Summit fizzled, as did funding for rural health concerns. And bills addressing the withdrawal of life-sustaining treatment for patients foundered over issues of civil liability.

ISMS-supported free-clinic care bill tops plus list

But some good news for physicians did come out of the 1990 limited session. Inevitably, the legislation that did pass both houses dealt in particulars rather than grand designs, and carried a small price tag or none at all.

In one of the most positive developments, legislators approved civil immunity protection to physicians who provide free medical care to patients in community-based free clinics. That legislation, S.B. 1736, was approved at the last moment, and its passage was all the more

(continued on page 8)

Illinois brings concerns to AMA meeting

THE ANNUAL MEETING of the American Medical Association (AMA), held June 24-28 in Chicago, was marked by strong Illinois presence at all levels. John J. "Jack" Ring, M.D., a Mundelein family physician, was elected president-elect, while P. John Seward, M.D., a Rockford family physician and the 1979 president of the Illinois State Medical Society (ISMS), was elected trustee.

In the elections of Illinois physicians to top posts in the organization, some of the Illinoisans present at the meeting felt Illinois' concerns over AMA management, policies and public image were affirmed. Strong concerns had been expressed by Illinois physicians directly and through ISMS, particularly at ISMS' annual meeting in April, when some members urged deunification from the AMA.

Regarding his and Dr. Ring's elections, Dr. Seward said, "Illinois is a unified state, and we work very hard to stay unified to truly represent all

(continued on page 2)



Wm. Daniels/The Photo Partners

John J. Ring, M.D., of Mundelein, was elected president-elect of the AMA. See page 13 for Illinois' resolutions.

In this issue

Discipline report lauds Illinois' efforts 2
Trauma, Mile Square funding gets legislature OK 2
On the legislative scene 3
Great moments in Illinois medicine 5
Allied health practitioner bills get mixed response 8
Gone-but-not-forgotten legislation to watch for 9
The AMA hears Illinois resolutions 13

0709 IM
NATIONAL LIBRARY OF MEDICINE
TSD - SERIALS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

Discipline report lauds Illinois' efforts

ILLINOIS IS AN example of what a state can accomplish by strengthening its Medical Practice Act and giving its medical disciplinary board adequate staffing and resources, according to a recent report. *6892 Questionable Doctors*, by the Washington, D.C.-based Public Citizen Health Research Group, is a compilation of disciplinary actions taken against physicians, dentists, chiropractors and podiatrists, including some 600 individuals who have been disciplined in Illinois since 1984.

"There is nothing new or newsworthy in this compilation of names," said James H. Andersen, M.D., Illinois State Medical Society (ISMS) president. "This information is regularly published and distributed by the Illinois Department of Professional Regulation (IDPR), and is published in *Illinois Medicine*.

"Eighty percent of the 435 medical doctors and osteopathic physicians listed in the report are not members of their county societies or the ISMS, or the American Medical Association. Fifteen members who were disciplined have retired from medical practice and 13 were residents who did not obtain or renew Illinois licenses in a timely fashion.

"ISMS wholeheartedly endorses fair disciplining of incompetent or negligent health care professionals," Dr. Andersen said. "But many of the physicians on this list were disciplined over non-patient-care issues, such as failure to renew a medical license in time. Such a violation, while serious and punishable by a fine, does not hurt patients. For example, some of these citations have been reversed on appeal.

"Patients and consumers should be wary of laundry list compilations like this," Dr. Andersen continued. "The information in them is not always accurate or representative.

"ISMS was a driving force in the 1987 rewrite of Illinois' Medical Practice Act, which strengthened medical discipline in Illinois. Increased licensure fees, a concept we supported, have allowed the department to improve its performance," added Dr. Andersen. "Our ultimate goal is to protect patients from physicians who shouldn't be providing medical care, while at the same time protecting physicians from being unfairly disciplined or wrongly labeled as 'questionable,' as were some of the physicians in this report. On the other hand, physicians need to be reminded that if they fail to follow through on administrative details required by law, their names can end up on lists like this."

The report includes disciplines from 39 other state medical boards and the District of Columbia. It praises IDPR for the increase in, and monthly publication of, disciplines. In the report, IDPR credits ISMS for its cooperative efforts in improving medical discipline in Illinois. ▲

Trauma, Mile Square funded as summit proposals languish

by Kevin O'Brien

ON THE GOVERNOR'S DESK

ADDITIONAL FUNDING for statewide Level I trauma centers and for renovation of the Mile Square Health Center on Chicago's near west side materialized in the closing hours of the legislative session, but lawmakers deferred substantive decisions on other Chicago and Cook County summit recommendations.

After days of behind-the-scenes negotiations that lasted into the wee hours of June 30, Chicago mayoral and health department staff and legislators agreed on legislative wording triggering a $5 million appropriation for the state's Level I trauma system.

The approved bill, S.B. 1933, calls for distribution of the $5 million "based on need" to Level I trauma center hospitals throughout Illinois. There are 16 Level I hospitals in Illinois, six of which are part of the Chicago network. Reportedly, much of the negotiations centered on a distribution formula. Chicago's Acting Health Commissioner Richard Krieg, Ph.D., said he expects about half of the $5 million to find its way to the Chicago system.

S.B. 1933 also directs the Illinois Department of Public Health to delegate to the Chicago Department of Health authority to approve its own regional trauma plan, as well as responsibility for determining numbers and levels of trauma centers serving its region. However, Dr. Krieg said this represents little change from current practice.

"The key purpose of this was to continue the work we're doing, but to do it under the state trauma system," Dr. Krieg said in a July 2 telephone interview. Under the new legislation, Chicago will become Region 11 in the state system, but will also "retain those prerogatives that we now have that we think are beneficial to public health."

Mile Square renovation funding

The legislature also appropriated $325,000 in its capital budget (H.B. 3458) for a Department of Commerce and Community Affairs grant to fix the roof and make other renovations to the Mile Square Health Center, which has been closed since October 1989.

Negotiations between the city and the University of Illinois College of Medicine to reopen the clinic under city auspices are ongoing. According to Dr. Krieg, the city is prepared to contribute $1.2 million to operate the clinic, with the university providing staffing and medical services under a management contract.

A university spokesman confirmed the essentials of the agreement, but cautioned that negotiations were not yet complete and that any agreement must be approved by the university's board of trustees. The board was scheduled to discuss the plan at its July 11 meeting in Urbana.

Dr. Krieg downplayed the lack of movement on other health care summit recommendations. "I think it's a point worth noting," he said, "that of the 15 or 16 summit-related bills, [neither] the summit itself, nor any of the major parties to the summit actually submitted a summit bill."

(continued on page 7)



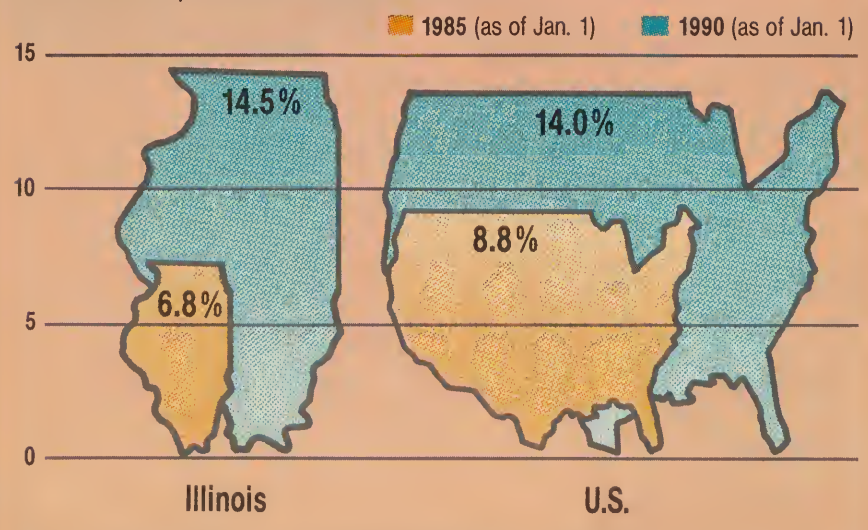
Wm. Daniels/The Photo Partners

Chicago's Mile Square Health Center may reopen if a plan developed by city officials and the University of Illinois is approved by university trustees.

Physician Facts

HMO Enrollees

Percent of Population Enrolled in an HMO



Source of Data: InterStudy; Group Health Association of America; Illinois Association of HMOs.

AMA elections *(continued from page 1)*

of the physicians of Illinois. I think all of us, when we go to the AMA, then take that sense of commitment and purpose with us. We truly represent all of the physicians of Illinois."

Illinois delegation members expressed satisfaction over the strong impression their concerns made on the AMA House of Delegates. "I think they got the message," said James H. Andersen, M.D., ISMS president. "The election [of Dr. Ring and Dr. Seward] proved that very much so."

"I'm pleased to see Report YY, which is a response to ISMS Resolution 130, which had to do with the various problems with the [AMA] administration and its activities," said Alfred J. Clementi, M.D., ISMS secretary-treasurer and vice chairman of the Illinois delegation. Dr. Clementi referred to a report of the Board of Trustees, accepted by the House, that details AMA evaluation of its structure, governance, management and overall effectiveness. The report addressed the concerns Illinois had brought forward in Resolution 130, presented to the AMA at its December 1989 policy session.



P. John Seward, M.D.

"I think [Report YY] has really cleared the air," Dr. Clementi continued. "I think it shows responsibility of the chairman and the entire Board to get this activity behind us."

"We will certainly maintain close surveillance [of AMA responsiveness]," added Dr. Andersen. "If the hope is not realized, we will bring it back to the table for future discussions. Our own House of Delegates will. There has been a resolution passed to remain unified with the AMA for one more year and reassess the performance of the AMA next April."

In addition to the Ring and Seward elections, Michael Cantor, a medical student at the University of Illinois at Urbana-Champaign, was elected to the AMA Medical Student Section (MSS) Governing Council, and subsequently appointed the AMA-MSS alternate delegate at the AMA House. ▲

Illinois Medicine is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Application to Mail at Second Class Postage Rates is pending at Chicago, Illinois, and additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

On the Legislative Scene



by Caryl Carstens

The fiscal year 1991 budget sent by the Illinois General Assembly to Gov. James R. Thompson last month carries some good news for physicians. But legislators predict the governor will make line-item cuts when he reviews the various appropriation bills in the coming weeks.

As *Illinois Medicine* went to press, there were reports that the governor would announce his budget review on or after July 13.

Medicaid funding . . . Legislators approved a Medicaid budget they believe will provide enough funding to allow a payment cycle of 32 days for claims submitted by physicians, hospitals, nursing homes and other providers. The governor's March 7 budget had proposed underfunding the state's program by about $200 million, according to legislative staff members. Had that plan been approved, payments would have been stretched out to as many as 56 days. The $200 million was put back into the public aid budget, while some other categories of expenditures were cut from it. The Medicaid budget sent to the governor totals $2.47 billion.

Last year, the legislature approved significant public aid rate increases, which the Illinois State Medical Society (ISMS) supported. That funding will continue in fiscal 1990-91.

Within the $2.47 billion total, funding was provided to allow a full year's operation of increased fees and programs first authorized for the last half of fiscal year 1990, which ended June 30. The funding included a 90 percent increase in the fee paid physicians in obstetrical cases (from $400 to $776).

IDPH budget . . . Legislators kept the Illinois Department of Public Health (IDPH) budget on par. The $304 million budget sent to the governor was about $11 million under the governor's proposal, but no existing programs were cut, according to IDPH. Proposed new programs were eliminated, but all existing programs were continued.

Under the IDPH appropriation, Illinois' Comprehensive Health Insurance Plan (CHIP) would receive additional funding, though less than the governor's budget had proposed. Legislators appropriated $18,779,200 for CHIP, $6.78 million more than last year. (The governor had proposed $19.4 million for the program). CHIP began operation May 1, 1989 to provide insurance to Illinois residents at high medical risk who previously had trouble obtaining insurance in the private sector. The number of persons insured by the program is based on premiums received and General Assembly appropriations. In December 1989, the CHIP board placed a cap of 4,500 on enrollment.

Funding for the Families With a Future program, which provides medical and nutritional services at various sites in an effort to reduce the state's infant mortality rate, had initially been trimmed to last year's level, cutting out $7 million proposed by the governor for case-load expansion. But $1.5 million in new funds was later added, bringing the program's appropriation to $13.6 million. The legislature is reportedly willing to consider additional funding for the program if it qualifies for federal matching funds.

Clinical Lab Act . . . An amendment to the Illinois Clinical Lab Act was adopted that added strep tests to the list of tests qualifying for the registration class. The amendment to H.B. 3694, sponsored in the House by Rep. Peg McDonnell Breslin (D-Ottawa) and in the Senate by Sen. Greg Zito (D-Melrose Park), included a further modification to the Clinical Lab Act that now exempts physician office labs that qualify for the registration class from having to submit a registration application to IDPH. In April, the ISMS House of Delegates called for such legislation.

Central Management Services . . . The legislature also appropriated an additional $29 million to the fiscal year 1991 funding for the Department of Central Management Services (CMS), in order to fully fund it. CMS provides a group health insurance plan for 170,000 state employees and retirees. CMS now believes the fiscal 1991 funding level is sufficient to cover the program, including payment due physicians under the group insurance plan, though the governor is expected to cut the legislature's figure. The total appropriation passed by the legislature was $262 million.

Infant blood typing . . . H.B. 3694 contained an amendment that

(continued on page 12)

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

Electronic Media Claims (EMC)

Providers may submit Electronic Media Claims (EMC) to Medicare Part B and Blue Shield directly, or they may contract with a service that specializes in the submission of claims.

There are four options for submitting claims directly to Blue Cross and Blue Shield of Illinois and Medicare Part B:

- Terminal
- Terminal Emulators
- Magnetic Tape or Cartridge
- CPU to CPU (Computer Processing Unit)

If a provider does not have, and does not wish to acquire, computer hardware there are other EMC submission options:

Claim Entry

Service Bureaus will convert paper claims into an EMC format for a fee. This option may be attractive to providers that do not have and do not wish to develop an automated environment but want to realize the benefits of EMC.

Programming Services

EMC submitters may acquire software packages or contract with data processing services to program their systems to submit claims electronically. Programming can convert output from current billing systems into a format that can be accepted by Medicare B and Blue Shield. Programming can develop entirely new systems.

Billing Services

Services are available that sell or lease hardware (personal computers or terminals) and software. Claims entered on these systems are collected electronically and submitted to Medicare B and Blue Shield.

Lists of approved vendors are available.

NEXT STEPS

Once you have decided the EMC submission mode that is best for you, contact the EMC Support Staff. If you wish to submit by terminal, you will be asked to sign an equipment agreement and an agreement required by HCFA for the submission of EMC. Once those agreements are completed and returned, you will be provided with the appropriate authorization to gain access to our network. We will arrange for the equipment installation and provide a training session for the persons that will enter claims. For terminal emulators, the process is the same, except an equipment agreement and installation is not required.

If you wish to submit via tape or CPU to CPU, agreements authorizing the submission of EMC are required. In order to submit tape or CPU to CPU, the submitter's tape or CPU transmissions must meet the Medicare B or Blue Shield specifications. These specifications are available on request.

Once a signed agreement is received, testing is initiated to ensure accurate claims processing. You will be asked to submit test tapes or test CPU transmissions. When testing is completed, the provider numbers and submitter numbers will be added to our files. You will then be ready to join hundreds of providers that are realizing the benefits of EMC.

Questions or requests may be directed to the EMC Hotline. The telephone number is (312) 938-7697.

(This report is a service to the physicians of Illinois)
7/20/90

Editorials

The time is right for free-clinic care

As the 1990 spring session of the Illinois General Assembly drew to a close, lawmakers in Springfield approved an Illinois State Medical Society-supported bill that brings us all a big step forward.

S.B. 1736, which provides civil immunity to physicians who provide care in community-based free clinics, removes the threat of additional malpractice risk to physicians who provide free medical care in community-based clinics. Passage of the bill, which Gov. James R. Thompson will likely sign, throws the ball back into our court.

Now is the time to help organize community-based free medical clinics and to volunteer to serve in them. Worthy programs in the Chicago area and downstate have been reaching out for physician support. No longer do physicians have to travel to other countries in order to help those in need; now they can serve in their own back yards.

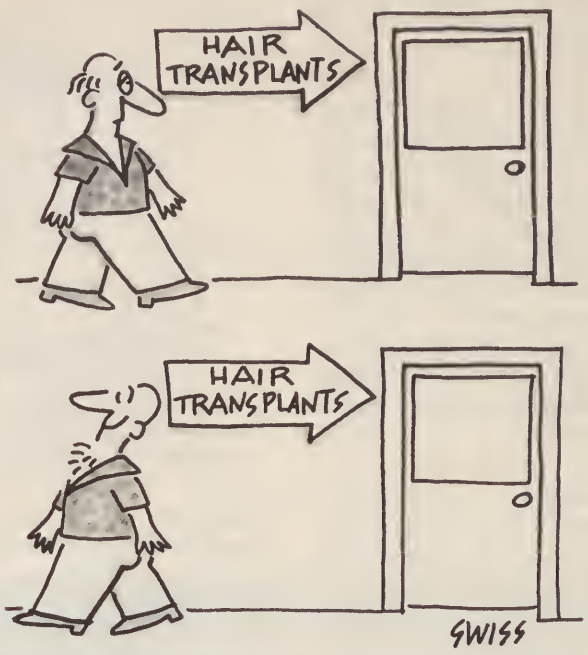
A missed opportunity and a critical need

The failure of S.B. 2213 looks from hindsight like a case of "so close yet so far away," and it's a story without a satisfactory resolution for thousands of Illinoisans.

That bill, which addressed the critical issue of authority for withdrawal of nutrition and hydration from terminally ill and persistently vegetative patients, would have allowed such withdrawal without a court order, and would have set the parameters around such decision-making for the benefit of those faced with the responsibility for those decisions – patients, their families and designated surrogates, and their physicians. The bill's provisions came directly out of the recommendations of a broad-based task force on the issue, called last year by Cook County State's Attorney Cecil A. Partee.

Sadly, a narrow coalition of plaintiffs' trial bar and social-religious groups downed the bill, out of hostility toward its civil immunity and withdrawal provisions. Meanwhile, the agony of the families of the terminally ill and persistently vegetative patients goes on, and so does that of their medical caregivers.

We urge lawmakers to reconsider this legislation at their next opportunity, and to give all Illinoisans the chance they deserve to make tremendously difficult choices without the addition of more unnecessary obstacles. ▲



President's Column

Let the voice of Illinois physicians be heard



James H. Andersen, M.D.

When the American Medical Association (AMA) holds its annual meeting in Chicago, as it does every June, medicine really makes its presence felt. In the media, along Michigan Avenue, at the hotels and restaurants, medicine is the topic of the day. This year, at the AMA's new venue in the Hyatt Regency Chicago, it was the physicians of Illinois who made their presence known to AMA leaders and delegates.

The Illinois delegation at this meeting had a highly visible role in the business of the AMA. Not everyone in the House of Delegates nor at the AMA appreciated our visibility or our voice — but they listened. And that's what really counts.

Illinois can be very proud of the candidates we put forward for elected office in the AMA. John J. "Jack" Ring, M.D., of Mundelein, who has led the AMA Board of Trustees through the difficult days of the past year as its chairman, was elected by acclamation at the first meeting of the House to the position of president-elect. The physicians of Illinois will have one of their own and one of the best speaking for the AMA for the next two years.

Another candidate from Illinois also triumphed at this meeting. Running in a crowded field, P. John Seward, M.D., a Rockford family physician, was elected to the position of trustee. Once again the national representatives of medicine, through the AMA House of Delegates, expressed their faith in Illinois leadership to lead the organization.

Illinois also demonstrated leadership in the management of issues. And in the tradition of good government, we don't count our victories by resolutions adopted or defeated — we score our effectiveness by our success in bringing the issues to the forum of debate and thought.

Certainly Illinois was highly visible in Reference Committee F when the issue of physician influence and control over the editorial policies of the *Journal of the American Medical Association* was discussed. We were not alone in our feeling that the physicians of America deserve more support from the AMA's journal. We feel very strongly that we successfully made our point on this issue.

It was Illinois' resolutions from the AMA interim meeting in 1989, calling for increased management and fiscal responsibility on the part of the AMA, that prompted strong reports from the Board and independent counsel retained by the Board. Senior management and the managing body of the AMA, the Board of Trustees, have been put on notice that America's physicians do not take these transgressions lightly.

In Illinois, the clock is still ticking. In April, your state society delegates voted to give the AMA a year to clean house and to demonstrate good-faith effort to control the excesses of the past. We wish newly appointed AMA Executive Vice President James S. Todd, M.D., well as he begins his tenure — and we remind him that the physicians of Illinois will be watching closely as he takes the helm and sets a new course for the association.

As is the case with all good sentries, what we guard is valuable and worthy. It is medicine and its reputation over which Illinois physicians stand guard. You can be proud of how well your representatives have done their job for you. ▲

James H. Andersen, M.D.
President

Illinois Medicine

VOLUME 2, NUMBER 15 **JULY 20, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Ginny Thiersch, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

Chicago's own "Great Dane"

CHRISTIAN FENGER, M.D., now acknowledged as one of the greatest doctors in American medical history, made a less-than-auspicious entrance on the Chicago scene when he arrived from Denmark in 1877.

Practically penniless, the surgeon-pathologist "was forced to sell for sustenance a mummy he had brought with great trouble from Egypt," writes Thomas N. Bonner in *Medicine In Chicago, 1850-1950.* Dr. Fenger even had to borrow money for the bribe required in those days of doctors who wanted to join the Cook County Hospital staff.

Fortunately, once Dr. Fenger had made it past the hospital's crooked gatekeepers, his brilliance became immediately apparent. In fact, Bonner recounts that Dr. Fenger's post-mortem demonstrations were so impressive the hospital's pathologist resigned and gave him the post. Medical students and physicians soon were flocking to the hospital's autopsy room to hear Dr. Fenger give some of the first local lectures on morbid anatomy and physiology.

But as Bonner reports, Dr. Fenger's most exhilarating performances came in the surgical theater. After demonstrating by experiment that the hands and clothing of the surgeon – not the air – were responsible for infection, Dr. Fenger began disinfecting instruments and gloves, and was among the first local surgeons to don special surgical garb.

Dr. Fenger was the first surgeon in Chicago to perform a vaginal hysterectomy and to explore the brain with an aspirating needle, and carried out the earliest local demonstrations of pathogenic bacteria. Few of the world's medical advances escaped his notice – he was fluent in 11 languages. Despite the extraordinary breadth of his knowledge and contributions, Dr. Fenger was remembered by the many physicians he trained for his kindness, unassuming manner and openness to new ideas. As Bonner notes, Dr. Fenger's closing remarks to a discussion were likely to be: "But that is only what I think. That does not matter." ▲



Illinois State Historical Library

Christian Fenger, M.D.

Professional Use Information

CARAFATE® (sucralfate) 1gm Tablets

BRIEF SUMMARY

CONTRAINDICATIONS
There are no known contraindications to the use of sucralfate.

PRECAUTIONS
Duodenal ulcer is a chronic, recurrent disease. While short-term treatment with sucralfate can result in complete healing of the ulcer, a successful course of treatment with sucralfate should not be expected to alter the post-healing frequency or severity of duodenal ulceration.

Special Populations: Chronic Renal Failure and Dialysis Patients: When sucralfate is administered orally, small amounts of aluminum are absorbed from the gastrointestinal tract. Concomitant use of sucralfate with other products that contain aluminum, such as aluminum-containing antacids, may increase the total body burden of aluminum. Patients with normal renal function receiving the recommended doses of sucralfate and aluminum-containing products adequately excrete aluminum in the urine. Patients with chronic renal failure or those receiving dialysis have impaired excretion of absorbed aluminum. In addition, aluminum does not cross dialysis membranes because it is bound to albumin and transferrin plasma proteins. Aluminum accumulation and toxicity (aluminum osteodystrophy, osteomalacia, encephalopathy) have been described in patients with renal impairment. Sucralfate should be used with caution in patients with chronic renal failure.

Drug Interactions: Some studies have shown that simultaneous sucralfate administration in healthy volunteers reduced the extent of absorption (bioavailability) of single doses of the following drugs: cimetidine, ciprofloxacin, digoxin, norfloxacin, phenytoin, ranitidine, tetracycline and theophylline. The mechanism of these interactions appears to be nonsystemic in nature, presumably resulting from sucralfate binding to the concomitant agent in the gastrointestinal tract. In all cases studied to date (cimetidine, ciprofloxacin, digoxin, and ranitidine), dosing the concomitant medication 2 hours before sucralfate eliminated the interaction. Because of the potential of CARAFATE to alter the absorption of some drugs, CARAFATE should be administered separately from other drugs when alterations in bioavailability are felt to be critical. In these cases, patients should be monitored appropriately.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Chronic oral toxicity studies of 24 months' duration were conducted in mice and rats at doses up to 1 gm/kg (12 times the human dose). There was no evidence of drug-related tumorigenicity. A reproduction study in rats at doses up to 38 times the human dose did not reveal any indication of fertility impairment. Mutagenicity studies were not conducted.

Pregnancy: Teratogenic effects. Pregnancy Category B. Teratogenicity studies have been performed in mice, rats, and rabbits at doses up to 50 times the human dose and have revealed no evidence of harm to the fetus due to sucralfate. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when sucralfate is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Adverse reactions to sucralfate in clinical trials were minor and only rarely led to discontinuation of the drug. In studies involving over 2700 patients treated with sucralfate tablets, adverse effects were reported in 129 (4.7%).

Constipation was the most frequent complaint (2%). Other adverse effects reported in less than 0.5% of the patients are listed below by body system:

Gastrointestinal:	diarrhea, nausea, vomiting, gastric discomfort, indigestion, flatulence, dry mouth
Dermatological:	pruritus, rash
Nervous system:	dizziness, sleepiness, vertigo
Other:	back pain, headache

Issued 4/90

Axid® (nizatidine capsules) is a trademark of Eli Lilly and Company. Pepcid® (Famotidine, MSD) is a trademark of Merck Sharp & Dohme. Tagamet® (cimetidine) is a trademark of Smith Kline Beecham. Zantac® (ranitidine hydrochloride) is a trademark of Glaxo Pharmaceuticals. Site Protective is a trademark of Marion Merrell Dow Inc. © 1990, Marion Merrell Dow Inc. All rights reserved.

For maintenance, prescribe



MARION MERRELL DOW INC.

© 1990, Marion Merrell Dow Inc. All rights reserved.

CAFAC098 0259E0

THE H_2S

THE UN-H_2





The UN-H_2 is the *only* duodenal ulcer therapy that accelerates healing directly at the ulcer site through an exclusive, *Site Protective*™ action.

The benefits: ***unsurpassed efficacy – nonsystemic safety –*** plus ***no known contraindications.***

When you treat duodenal ulcers, prescribe the UN-H_2: Site Protective™ CARAFATE® (sucralfate).

NEW! Maintenance Therapy 1 gm BID

Unique, nonsystemic

CARAFATE® sucralfate

Targets the ulcer, not the acid

CAFAC098 Please see brief summary of prescribing information on adjacent page. 0259E0

Physician volunteers in Chicago's mobile Health Outreach Program look to care of homeless street youth

A COOL EVENING in early June might seem like an odd time to take a motor home out for a drive down to the northern edge of Chicago's financial district. After all, that area, which during weekdays is awash in foot, car, bus and taxi traffic, is largely a deserted *terra incognita* by nightfall. But the motor home in question, housing the Health Outreach Program sponsored by the Northside Ecumenical Night Ministry, is here on a mission.



Above: the Health Outreach Program van

As the van rolls up to the northwest corner of LaSalle and Hubbard streets, its occupants – two physician volunteers, a nurse practitioner, a minister and two lay volunteers – know they've found their target audience. Surveying the sidewalks and streets around them, the group sees small shifting bands of young men in their late teens and early 20s strolling back and forth, eyeing the van warily.

The young men, the night ministry people know, are looking for customers. All are involved in prostitution; many are addicted to drugs. They are at high risk for HIV, herpes and other sexually transmitted diseases (STDs), and for other menaces of the streets. After an hour at this location, one of three areas the van visits six nights a week, a single young black man will approach the Night Ministry people, will engage them in conversation and will agree to come into the van to watch a video on STDs. It is one of those small but critical breakthroughs the Night Ministry people hope for every time they go out into the streets.

The Health Outreach Program was designed to serve these children of the streets – male and female, black, white and Hispanic, many of them homeless, many others on the verge of homelessness. As those present – the two physician and two lay volunteers and the nurse practitioner (the Night Ministry's sole full-time staff member) – see it, now is a crucial time for the ministry to bring its mission of education, disease prevention and medical treatment to Chicago's streets, particularly since the phenomenal rise of HIV infection through sexual contact and IV drug abuse.

It has taken time for the program to establish trust in these areas, where wary young men and women stay clear of anyone with the look of authority. After six months on the streets, the target audience of young people is just beginning to accept the van's presence and to begin approaching and entering it for counseling, education and basic medical care. But, say the Night Ministry people, it's a promising start to a critical program.

Pioneering work relies on volunteers

The Health Outreach Program relies heavily on volunteers. While the Night Ministry receives funding for one full-time nurse practitioner who provides continuity of health care, the program looks to physician and lay volunteer participants to complete the Health Outreach Program. And, in what appears to be a pioneering program in the United States, they are providing direct volunteer medical care on the streets to youths at risk.

"There are kids as young as 7 and 8 who are openly prostituting on the streets, with 13- and 14-year-olds as their pimps," says Anthony H. Dekker, D.O., a Chicago osteopath specializing in adolescent medicine, and one of the volunteers. "There's a high demand for both young boys and girls. And their main clients aren't people from Chicago; they're people from downstate Illinois, Wisconsin, Indiana, Michigan, Ohio, Iowa." And, he adds, the risk of HIV and other infections is compounded by the fact that "the kids get more money if they don't use condoms.

"Most of the kids we work with understand what's going on [with HIV, herpes and other STDs], but there's this incredible sense of denial, a very angry attitude," Dr. Dekker continues. "The violence has been turned against themselves. So many of the kids are throwaway kids; nobody cares about them. The only thing that makes them feel good is drugs."

"I feel a lot of frustration sometimes dealing with sexually transmitted diseases and their consequences after the fact, particularly HIV," says Andrew M. Pavlatos, M.D., a family physician at St. Joseph Hospital and Health Care Center in Chicago and the other physician on the van that June evening. "I want to do something before things get too bad, and I feel like I'll be making more of an impact through [the Health Outreach Program]."


Wm. Daniels/The Photo Partners
Full-time nurse practitioner Miriam "Mim" Jacobson and volunteer Andrew M. Pavlatos, M.D., helped plan and organize the Health Outreach Program this year.

Dr. Pavlatos, who has been heavily involved for almost a year in helping set up and develop the van program, and has been riding with the van for more than three months, adds that "I'm also really concerned with the whole homeless issue. The homeless seem to be one of the many groups falling through the cracks in terms of health insurance and getting basic medical care. And I feel this program is definitely filling the gap."

"Care of the homeless is a problem that has blossomed in 10 years," says Dr. Dekker. "There's got to be an opportunity for physicians to volunteer [to serve the homeless]."

"We have two groups of physicians involved," says Dr. Pavlatos. "We have four or five attending physicians and four or five senior residents from St. Joseph Hospital, and there's another group from Chicago Osteopathic Medical Center. Two nights a week, we're trying to have an attending physician or a senior resident riding with the van. We also have family practice attendings and a few specialists on backup at St. Joseph's."

"It does take time" to establish trust with the kids, says Miriam "Mim" Jacobson, the program's nurse practitioner. "They're definitely into drugs, including cocaine, marijuana, hallucinogenic mushrooms," she says, though she adds she hasn't seen a large amount of IV drug abuse – yet. "For instance, the two that came into the van last night – that was a perfect time to talk to them about drug abuse and they were really pretty receptive. Out in front of the van, it hasn't necessarily

(continued on next page)

Medical Update:
Physicians aren't only ones who burn out

Physicians and other medical professionals must guard against burn-out. But you should also be alert to patients or families who become over-stressed. Especially parents of children with disabilities.

Now there is help. **Time Out** is a new respite care service offered by the Illinois Children's School and Rehabilitation Center in Chicago.

Located near the University of Illinois' Circle Campus, ICSRC's **Time Out** service provides temporary care for children with physical or medical impairments.

Time Out will take youngsters for as short as two hours, so mom or dad can run an errand, or up to two weeks, allowing parents to take a vacation. They will be cared for by trained staff, and participate in activities with ICSRC students.

Time Out accepts youngsters with disabilities ages 5-21, who are medically stable and free of life support or tube feeding systems. The service is provided on an affordable sliding fee scale.

ICSRC is a residential school for children with severe disabilities, operated by the Illinois Department of Rehabilitation Services.

For more information or to make a referral, contact Olive Dilworth at ICSRC, 1950 W. Roosevelt Road, Chicago, IL 60608, 312/413-1812.

TIME OUT
A Break for Families

ISMIE sees class change

The Illinois State Medical Inter-Insurance Exchange, the state's largest physician-owned insurer, has approved a classification change for two procedures, which became effective July 1.

Gastroenterologists are rated as either Class I, Specified Minor Risk Procedures, or Class 2, Minor Risk Procedures. The Specified Minor Risk Procedures category includes colonoscopy, gastroscopy, pneumatic esophageal dilation for achalasia, proctosigmoidoscopy and/or sigmoidoscopy past the splenetic flexure (>60cm).

The Exchange has now added two additional procedures to the Specified Minor Risk Procedures category: percutaneous endoscopic gastrostomy (PEG) and endoscopic retrograde cho-langiopancreatography (ERCP).

Appropriate adjustments will be made to those policies affected by this decision, including a revised invoice and revised policy documentation to be provided to affected policyholders.

Physicians with questions on this issue can contact the underwriting department at the Exchange at (312) 782-2749.

Health Outreach Program

(continued from page 6)

been quite as easy to talk about drug use, in terms of the group of people involved." She adds, "I would still say even the ones I know are in prostitution aren't necessarily protecting themselves. I think they do to some extent, but not always."

Legislation should help resolve insurance dilemma

One thing which has kept some area physicians from participating in the Night Ministry Program is fear of malpractice insurance risk, abetted by Illinois law, which doesn't provide civil immunity for free medical care.

"There is a problem in that the present Good Samaritan law doesn't cover this kind of care, since it's not emergency care," explains Dr. Dekker. "The Chicago Medical Society (CMS) three years ago was able to identify 100 physicians who were interested in donating a half day of their time per week, but CMS said they couldn't support this program unless there was a change in the law to allow physicians to volunteer and not expose themselves to unreasonable liability."

The just-passed free clinic care bill in the Illinois General Assembly should change all that. S.B. 1736, sponsored in the Senate by Joyce Holmberg (D-Rockford) and in the House by Peg McDonnell Breslin (D-Ottawa), would amend the Medical Practice Act to provide physicians with immunity when giving medical treatment in a community-based free medical clinic, when that treatment does not involve general anesthesia or an overnight hospital stay.

The bill has passed both the Senate and the House, and is ready for Gov. James R. Thompson's signature. The Illinois State Medical Society has been a strong supporter of S.B. 1736; its passage will not, however, eliminate the need for physicians to notify their insurers of their volunteer activity.

In the meantime, the Night Ministry's physician volunteers have made individual arrangements to take care of their insurance coverage. Dr. Dekker's insurance from the Illinois State Medical Inter-Insurance Exchange is specified to cover his on-site care; Dr. Pavlatos and the other St. Joseph physicians are covered through the Daughters of Charity National Health System insurance program that covers them at St. Joseph and has been specially extended to cover their Health Outreach Program care. The other attending physicians have had to obtain clearance from their insurers.

An example for other physicians

The Health Outreach Program is still very new, all those involved with it stress repeatedly. But already one side effect is beginning to be felt among those in the medical community who have heard of the program through word of mouth: a renewed interest in voluntary care programs like this one.

"The people who are volunteer physicians in the system stay with it," says Dr. Dekker. "And what's happened is we've created a teaching environment for interns, residents and fellows. We're trying to get them excited about volunteerism in medicine. In other words, go out and practice medicine, be an orthopod, be an opthalmologist, be a general practitioner, whatever. But be willing to give a few hours a week back to the community. If only one of the 10 doctors in this community did that, we would not have an access to health care problem." ▲

The Health Outreach Program at the Northside Ecumenical Night Ministry is looking for Chicago-area physicians willing to donate one or two evenings a month of their time. Interested physicians can call the Rev. Peter Brick at (312) 935-3366 for further information.

Trauma

(continued from page 2)

Dr. Krieg said that after Cook County Board President George Dunne declined to endorse the plan, summit leaders decided to pursue only the trauma and Mile Square funding because these initiatives were of "utmost priority [that] also had a chance of success."

As a result, lawmakers were not prepared to pass any substantive summit legislation. "We're waiting for direction from the principals," said Rep. Barbara Flynn Currie (D-Chicago), referring to Chicago Mayor Richard M. Daley, Gov. James R. Thompson and Dunne, who jointly convened the health care summit.

Currie's summit-related governance bill, H.B. 3777, stayed alive as a vehicle for another attempt at substantive legislation when the legislature reconvenes for its fall veto session in November.

Daley pledged his support for the summit recommendations released in April, but acknowledged several weeks ago that meaningful action by end of the legislative session was unlikely. Thompson had indicated that a lack of funds would hamper action this year, while Dunne totally rejected the summit report within days of its release. So with a little less than an hour left before Saturday's 5 a.m. adjournment, Currie succeeded in getting her House colleagues to extend the bill's conference committee deadline to Nov. 30. ▲



Because safety cannot be taken for granted in H_2-antagonist therapy

AXID®
nizatidine

Minimal potential for drug interactions

Unlike cimetidine and ranitidine,[1] Axid does not inhibit the cytochrome P-450 metabolizing enzyme system.[2]

Swift and effective H_2-antagonist therapy

- *Most patients experience pain relief with the first dose[3]*
- *Heals duodenal ulcer rapidly and effectively[4,5]*
- *Dosage for adults with active duodenal ulcer is 300 mg once nightly (150 mg b.i.d. is also available)*

References
1. *USP DI Update, September/October 1988, p 120.*
2. *Br J Clin Pharmacol 1985;20:710-713.*
3. *Data on file, Lilly Research Laboratories.*
4. *Scand J Gastroenterol 1987;22(suppl 136):61-70.*
5. *Am J Gastroenterol 1989;84:769-774.*

AXID®
nizatidine capsules

Brief Summary. Consult the package literature for complete information.

Indications and Usage: 1. *Active duodenal ulcer*—for up to eight weeks of treatment. Most patients heal within four weeks.
2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than one year are not known.

Contraindication: Known hypersensitivity to the drug. Use with caution in patients with hypersensitivity to other H_2-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.
2. Dosage should be reduced in patients with moderate to severe renal insufficiency.
3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.
Laboratory Tests—False-positive tests for urobilinogen with Multistix® may occur during therapy.
Drug Interactions—No interactions have been observed with theophylline, chlordiazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.
Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.
Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.
In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.
Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.
Pediatric Use—Safety and effectiveness in children have not been established.
Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.
Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of Axid.
Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.
CNS—Rare cases of reversible mental confusion have been reported.
Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.
Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H_2-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.
Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.
Hypersensitivity—As with other H_2-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H_2-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.
Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

PV 2098 AMP [091289]

Additional information available to the profession on request.

Lilly
Eli Lilly and Company
Indianapolis, Indiana
46285

NZ-2924-B-049310 ©1990, ELI LILLY AND COMPANY

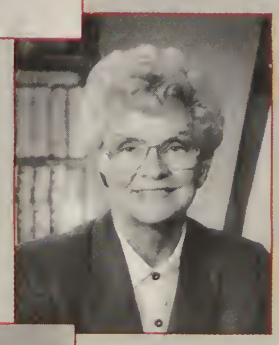
Axid® (nizatidine, Lilly)

86th General Assembly: health care highlights

Legislation	*Action*	*ISMS position*
Civil immunity for community-based free clinic care	**Passed**	**Supported**
Modification of Clinical Lab Act regulations	**Passed**	**Supported**
Repeal of infant blood typing regulation	**Passed**	**Supported**
Clinical social worker reimbursement	**Passed**	**Opposed**
Civil immunity for physicians notifying spouses of partners' HIV-positive test results	**Passed**	**Supported**
Universal health care proposal	**Failed**	**Opposed**
Use of therapeutic drugs by optometrists	**Failed**	**Opposed**



Rep. Peg McDonnell Breslin (D-Ottawa) (left) and Sen. Joyce Holmberg (D-Rockford) (below) sponsored the bill providing civil immunity to physicians for community-based free-clinic care.





Rep. Penny Pullen (R-Park Ridge) sponsored the bill providing civil immunity to physicians who notify spouses of their partners' HIV-positive test results.



Sen. Greg Zito (D-Melrose Park) (left) and Rep. Breslin sponsored the bill easing some physician reporting requirements to the Illinois Clinical Lab Act.

Spring session *(continued from page 1)*

welcomed by physicians and friends of medicine, as it was not widely anticipated this year. Supporters of S.B. 1736 hope the bill's passage will open the door to broader participation by the state's physicians in free clinics serving the medically indigent. (See full story, page 1). The Illinois State Medical Society (ISMS) strongly supported and encouraged the bill, as it reflects ISMS House of Delegates policy.

And legislators voted to give physicians a measure of protection in working with individuals whose HIV tests prove positive. H.B. 3998 allows a physician to notify the spouse of a patient's positive test result, and gives physicians civil and criminal immunity in handling such situations (See "On the Legislative Scene," page 3). ISMS supported the immunity provision and put forward an amendment making clearer that no affirmative duty to inform exists on the part of the physician.

An infant blood typing bill reflecting ISMS House of Delegates policy also passed the legislature. H.B. 3694 is aimed at correcting a scientifically unsound state regulation requiring that the blood type of every newborn infant be listed on the birth certificate. Physicians noted that infant blood typing is highly unreliable, as the blood types of many infants change during the first six months of life.

Clinical social workers bill passes

The outcome of allied health care legislation proved mixed. Although lawmakers defeated a proposal to allow optometrists to use both diagnostic and therapeutic drugs (currently they can use only diagnostics), they approved legislation requiring insurance companies to directly reimburse clinical social workers for their mental health care. The legislation, defeated as S.B. 1510 earlier in the session, came back as an amendment to another bill and passed both houses in spite of opposition by the Illinois Psychiatric Society, ISMS, and insurance and business groups. During debate on the legislation, the medical groups expressed deep concern over patient-care quality.

While most of the recommendations coming out of the Chicago and Cook County Health Care Summit received scant attention, the legislature appropriated $5 million for Level I trauma centers throughout Illinois. Lawmakers also approved $325,000 for capital renovations to the shuttered Mile Square Health Center on Chicago's near west side. Negotiations between the city and the University of Illinois at Chicago for the clinic's reopening are currently under way. ▲

Allied health practitioner bills see mixed fates

THE ACCESS TO CARE vs. quality of care debate dominated allied health care practitioner legislation during this session. Clinical social workers prevailed in their effort to obtain direct insurer reimbursement, but optometrists failed to get authorization for expanded use of therapeutic drugs. And agreement was reached on the issue of accreditation for physician office x-rays.

Clinical social workers

ON THE GOVERNOR'S DESK

A last-minute amendment to H.B. 3149, approved by both houses June 26 and awaiting Gov. James R. Thompson's signature, would amend the Illinois Insurance Code requiring direct insurer reimbursement to social workers as providers of mental health treatment or services. Until now, only psychiatrists and psychologists have been mandated for direct insurer reimbursement.

The bill, sponsored by Louis I. Lang (D-Skokie), originally dealt only with reissuance of lapsed pharmacy licenses. It was amended by the Senate after an earlier version of the clinical social worker bill, S.B. 1510, sponsored by Sen. Emil Jones Jr. (D-Chicago), was tabled by the House Consumer Protection Committee June 8.

Under the legislation, a clinical social worker would have to notify a primary-care physician of any services the clinical social worker provided, unless the patient waived notification.

The social worker legislation was opposed by a broad range of groups, including the Illinois Psychiatric Society (IPS), representing 1,500 psychiatrists; the Illinois State Medical Society (ISMS), representing 18,000 physicians, including psychiatrists; the Illinois State Chamber of Commerce, the Illinois Manufacturers Association, the Illinois Life Insurance Council and business groups concerned about the impact of the bill on the cost of insurance.

"IPS is very disappointed in this bill and we look to the governor to veto it," said Sara Charles, M.D., IPS president. "The bill does not appear to discriminate among the expertise of the various mental health professionals. Patients may in the long run suffer from inadequate care, particularly in instances when a patient who has psychological symptoms may in fact be suffering from a physical illness. Not all professionals are trained and equipped to make that discrimination and evaluation," Dr. Charles said.

Supporters of the bill included the Illinois Society for Clinical Social Work (ISCSW), which represents a minority of the state's 8,000 clinical social workers, and social service and mental health provider groups, including the United Way of Illinois, the Mental Health Association of Illinois and the Illinois Collaboration on Youth.

"There are 34 Illinois counties [without] psychologists or psychiatrists," said Sheldon R. Goldstein, executive director of the Illinois Chapter of the National Association of Social Workers. Goldstein said clinical social workers in 22 other states and the District of Columbia receive insurance reimbursements for their services. "It was a tough fight," he added. "I hope we'll be able to put these differences behind us now and be on the same side to find some bills that would work for the common good of Illinois patients."

(continued on next page)

Allied health practitioners

(continued from page 8)

Optometrists

FAILED IN COMMITTEE

H.B. 2211, tabled on May 7, would have permitted optometrists to treat patients with both diagnostic and therapeutic drugs. The optometrists' push for passage of the bill, sponsored Rep E.J. "Zeke" Giorgi (D-Rockford), reflects a longstanding national trend toward expansion of optometrists' practice privileges. Ophthalmologists maintain that optometrists' efforts to use diagnostic and therapeutic drugs are a means of gaining unjustified rights without proper medical qualifications, while optometrists argued for passage of H.B. 2211 based on what they assert is a lack of patient access to ophthalmology services in rural areas.

ISMS and the Illinois Association of Ophthalmologists (IAO) vigorously opposed the bill.

X-ray technologists

The proposed new Radiation Protection Act of 1990 passed both houses June 27 and awaits the governor's

ON THE GOVERNOR'S DESK

signature. H.B. 3506 replaces the sunsetted Radiation Protection Act, and includes a new category of limited licenses for office personnel in physician offices. Under the new category, employees can take limited diagnostic x-rays, including chest, extremities, sinuses/skull and spine, in a physicians' office, under supervision. The employees not currently accredited must pass an exam after training for the types of x-rays they perform in order to be accredited by the Illinois Department of Nuclear Safety.

Nurses, technicians and other assistants who were accredited and who administered x-rays to patients for at least 24 months prior to July 1, 1989, will continue to be accredited, and may administer x-rays without additional training or examination. Excluding physicians, non-formally trained radiologic technologists will be required to complete a two-part course and pass a written or practical clinical examination on specific desired x-ray procedures. ▲

Gone but not forgotten: some legislation to watch for in future sessions

A NUMBER OF BILLS of concern to physicians failedin the spring session of the Illinois General Assembly. But legislation dealing with such issues as death with dignity, universal health care, abortion and driver license approval will likely rise again in future legislative sessions.

Death with dignity

FAILED IN COMMITTEE

Illinois legislators credited the Illinois Trial Lawyers Association with killing S.B. 2213, which would have permitted terminally ill patients – together with their physicians, families or other designated surrogates – to withhold life-sustaining measures without first obtaining a court order.

In addition to the plaintiffs' lawyers' opposition to civil immunity, the bill faced strong opposition from right-to-life groups who objected to a provision permitting the withdrawal of artificial nutrition and hydration. The Illinois State Medical Society (ISMS) House of Delegates voted at its April annual meeting to push for such a provision.



Rep. Alfred G. Ronan (D-Chicago) (left) sponsored a driver license restriction bill. Sen. John D'Arco Jr. (D-Chicago) sponsored a bill on withholding life-sustaining treatment.

S.B. 2213, sponsored by Sen. John D'Arco Jr. (D-Chicago), failed to clear the House Judiciary I Committee after the Senate had amended it to include immunity from civil liability for those who carry out the directions of a patient's surrogate decision-maker. The plaintiffs' bar opposed the civil immunity amendment. The Senate passed the bill, which originally merely provided immunity from criminal prosecution, by a 33-19 vote.

The so-called death-with-dignity bill grew in part out of an incident last year involving Chicagoan Rudy Linares, and out of the *in re Estate of Longeway* case, which reached the Illinois Supreme Court in 1989. The bill was based on recommendations of Cook County State's Attorney Cecil A. Partee's 49-member task force on the forgoing of life-sustaining treatment, chaired by Philip H. Corboy, a prominent Chicago personal injury attorney. Partee told *Illinois Medicine* June 12 that he hoped the bill could be revived before the legislature adjourned on June 30, but it soon became apparent that it was dead for this session.

Universal health care

INTERIM STUDY

A controversial plan to reform the state's health care delivery system to provide universal access to care was the goal of H.B. 3291, sponsored by Rep. Anthony Young (D-Chicago). The bill, based on a plan proposed by the consumer lobbying group Illinois Public Action (IPA), was placed on the House insurance committee study calendar. An identical Senate bill, S.B. 1587, sponsored by Sen. Margaret Smith (D-Chicago), remained in the Senate public health and welfare committee.

The Universal Health Care Act called for dissolution of the state's current health care funding and delivery system over three years. In its place, a government-funded agency with a 13-member governing board would oversee hospital budgets and reimbursement rates for participating health care providers. Private insurance companies and health maintenance organizations would be prohibited from offering duplicate coverage for items covered under the Universal Health Care Plan.

Funding for the system would come from state and federal appropriations (44 percent), state tobacco and alcohol taxes (3 percent), taxes from state employers that would replace the funds they now spend for employee health care (34 percent) and state income taxes from individuals (19 percent).

Various medical, insurance and business groups, including ISMS, opposed the legislation. Critics of the plan have cited the potential bureaucratic problems associated with overseeing the state's medical system, the inevitability of tax increases to fund the plan and the possibility of reduced access. But with employers seeking to contain rising health insurance costs, and an increase in the number of uninsured individuals, the IPA-crafted plan or similar schemes will likely see debate in the future. IPA has already begun lobbying legislators for reconsideration next year.

Abortion

TABLED

H.B. 3023, sponsored by Rep. John J. McNamara (D-Oak Lawn), would have amended the Illinois Abortion Law of 1975 to prohibit abortion of a viable fetus except when necessary to "prevent either the death of the pregnant woman or the substantial and irreversible impairment of a major bodily function of the woman." It would have further restricted abortions than under the current law, which permits abortion of a viable fetus "to preserve the life or health of the mother."

H.B. 3023 failed to clear the House rules committee. But with recent Supreme Court decisions giving states more powers to dictate abortion policies, abortion will continue to be an issue on legislative and judicial agendas.

Driver license restrictions

PASSED ONE HOUSE

A bill to amend the Illinois Vehicle Code passed the House but failed to clear the Senate rules committee. Sponsored by Reps. Alfred G. Ronan (D-Chicago), Jack K. Kubik (R-North Riverside) and Robert Bugielski (D-Chicago), H.B. 3903, among other provisions, sought broader grounds to refuse issuing driver licenses to people with physical or mental conditions that may impair their driving. While the current law makes specific reference only to epilepsy, H.B. 3903 would have added the qualification "or such other medical condition which would impair a person's ability to operate a motor vehicle."

The legislation stemmed from an incident in which a motorist lost consciousness while driving his car. The car crossed a softball field near Chicago, killing three children. ▲

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE
707 South Wood Street
Chicago, IL 60612
ACCME Accredited

August — November, 1990

- ☐ Specialty Review in General Surgery, Part I
  August 20 - 31, 1990
- ☐ Neurosurgery Symposium
  September 14 - 16, 1990
- ☐ Specialty Review in Dermatology
  September 17 - 21, 1990
- ☐ Specialty Review in Infectious Disease
  September 24 - 28, 1990
- ☐ Specialty Review in Pulmonary Disease
  September 24 - 28, 1990
- ☐ Specialty Review in Hematology
  October 1 - 5, 1990
- ☐ Specialty Review in Nephrology
  October 1 - 5, 1990
- ☐ Specialty Review in Rheumatology
  October 1 - 5, 1990
- ☐ Current Clinical Neurology: A Comprehensive Review
  October 22 - 26, 1990
- ☐ Current Trends in Cardiology
  October 22 - 24, 1990
- ☐ Essentials of Geriatrics for Everyday Practice
  October 25 - 26, 1990
- ☐ Specialty Review in Obstetrics and Gynecology: Practical Aspects
  October 28 - November 3, 1990
- ☐ Specialty Review in General Surgery, Part I
  October 29 - November 5, 1990
- ☐ Sports Medicine for the Primary Care Physician
  November 7 - 9, 1990
- ☐ Flexible Fiberoptic Sigmoidoscopy
  November 10, 1990
- ☐ Advances in Internal Medicine, 1990
  November 12 — 15, 1990
- ☐ Clinical Decision-Making
  November 16 — 17, 1990

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____

Address _____

City _____

State _____ Zip _____

Call toll-free today!
1-800-621-4651



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.
(Formerly The Hardy Group, Inc.)

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Snapshot

Illinois Medicine *went out on the street in downtown Chicago during the American Medical Association annual meeting last month to gauge public awareness of medical issues. The question we asked respondents:*

What do you think has been the most important development in medical history in your lifetime?

(Photography by William Daniels/The Photo Partners)



John Eckelberry, 49, data processor

Because I'm a diabetic, I would have to say the strides that have been made in the area of controlling diabetes. Poor circulation caused an infection in my leg that resulted in my losing it. With all the technology, it's a lot easier today for a person to control diabetes than it used to be.



Carol Brown, 28, hotel consultant

AZT, which has been instrumental in delaying the onset of the AIDS virus. I think it's important because it will actually delay the time it takes a person to lose his or her life to AIDS. Any kind of delay is helpful until a cure can be found for the virus. Although AZT is certainly not a cure, it's one step toward finding one.



Mathew Mair, 24, marketing research coding supervisor

Vaccinations, like the polio, measles or smallpox vaccinations. Vaccinations affect a great number of people on an epidemic level, more so than limb-type work or heart surgery. The work in finding a vaccine against AIDS is especially important right now because of the way it's spreading.



Sylvia Gordon, 57, word processor operator

I would say open-heart surgery. It's really a fantastic innovation. I personally know several people who have gone through it, even three times. It's like giving them new life every time.



Emma Carr, 42, medical review auditor

The heart transplant, because the heart is the substance of life. I think it's fantastic that doctors can take a heart from one human being and transplant it into another person so that individual can survive.

The Simple Pleasures

Remember when every major medical plan was like this . . .

NO PRE-APPROVALS

CHOOSE YOUR OWN DOCTOR & HOSPITAL

FAST FRIENDLY CLAIMS SERVICE

"No pre-approvals," the doctor said. The doctor just as easily could have declared that they were free to go to their favorite doctor *and* the trusty local hospital, with no questions asked. "We also enjoy fast, friendly claims service," added the office manager. "And the PBT's representatives always make me feel like they're on my side." It's not always this easy to find life's simple pleasures . . . great personal service . . . experienced staff used to meeting the needs of physicians and group practices . . . outstanding coverage options . . . and best of all—low group rates. However, it's what you would expect from your medical society's own program. After all, it's just what the doctors ordered!

If you're looking for the simple pleasures of a worry-free Office Benefits Program for your practice, you'll love the PBT. Enjoy our Major Medical Plan and your choice of Dental, Life, Disability and Dependent Life coverages.

For information, call toll free: (800) 621-0748. Or call (312) 559-9130 or mail coupon.

Please send information about the Office Benefits Program.

Coverage Includes:
☑ Major Medical

Options:
☐ Dental
☐ Life
☐ Disability
☐ Dependent Life

Office Manager/Contact Person: _____

Practice Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Total Number of Physicians & Staff: _____

ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

OLS *(continued on page 3)*

deleted the section of the Illinois Vital Records Act requiring an infant's blood type to be listed on his or her birth certificate.

The ISMS Board of Trustees approved the motion from the ISMS Council on Governmental Affairs in 1989 calling for repeal of the requirement. ISMS argued that a newborn infant's blood type may change because of physiological changes that occur during the latter stages of pregnancy and the first six months after birth. State officials originally lobbied for listing the infant's blood type on birth certificates to assist in child identification in kidnapping and child-abuse cases.

Spousal notification of HIV-positive test . . . Lawmakers approved an amendment to the AIDS Confidentiality Act that would permit physicians to notify a patient's spouse of his or her partner's HIV-positive test results after an unsuccessful attempt to persuade the partner to do so. Rep. Penny Pullen (R-Park Ridge) sponsored H.B. 3998, which contained an ISMS-supported amendment sponsored by Sen. Frank Watson (R-Carlyle) stating that physicians were under no obligation to notify the patients' spouses of an HIV-positive test. The legislation also granted physicians immunity from civil liability or criminal prosecution when acting in good faith to notify the spouse and when there was no disclosure.

Health benefits for small businesses . . . Four bills were introduced during the spring session addressing small employers' health benefits. None were adopted, but elements of each were incorporated as amendments to H.B. 3528, which was approved by the legislature and sent to Gov. Thompson's desk. Sponsored by Rep. Terry R. Parke (R-Schaumburg), H.B. 3528 began as an amendment to the Illinois Insurance Code requiring auto, fire and extended-coverage insurers to set up consumer affairs and information departments.

The amendments to H.B. 3528 created the Small Employer Group Health Insurance Law, establishing a program for employers of 25 or fewer people to obtain affordable health insurance. Companies cannot discriminate against handicapped or disabled people, or refuse to insure blind or partially blind employees. The program applies only to companies that have not had an insurance program in the past 12 months. These amendments would relieve small employers from including a host of state-mandated benefits in their policies, theoretically making their coverage more affordable.

Family Practice Residency Act . . . Also sent to the governor was H.B. 3675, sponsored by Rep. Donne E. Trotter (D-Chicago), aimed at encouraging obstetrics practice. The bill adds obstetrics to the Family Practice Residency Act as a specialty to be promoted through increased funding to physicians taking OB residencies. The bill also encourages family practice residencies. Funding is limited to physicians who agree to set up practice within Illinois.

HIV as an occupational disease . . . Pursuant to ISMS House of Delegates policy, two bills were introduced during the spring session that would have added HIV-related diseases to the list of occupational diseases for which payment would be made under the Workers' Occupational Diseases Act. However, neither bill progressed very far. Both bills would have extended the time period during which health care professionals could request claims. S.B. 1778, sponsored by Sen. Robert Raica (R-Chicago), reached the amendment stage in the Senate; H.B. 3564, sponsored by Rep. Jesse C. White Jr. (D-Chicago), did not advance beyond the House Rules Committee. ISMS supported and encouraged the bills' passage. Business groups opposing the bill maintained that HIV and its related diseases are already covered under the act. But ISMS believes it important to extend the time from the current two years to the seven that may lapse between HIV infection and the appearance of compensable HIV-related illnesses. ISMS and business groups are continuing discussions.

Home visitation . . . City and county health authorities would be authorized to establish pilot programs in which home visitation and other services for pregnant women would be supplied under provisions of H.B. 3330, passed during the final week of the spring session. Sponsored by Rep. Barbara F. Currie (D-Chicago), the legislation originally mandated that IDPH establish at least one such pilot program. But a Senate amendment, accepted by the House, eliminated this requirement.

No state funds have specifically been appropriated for the program, but IDPH is directed to seek alternative methods of funding such programs, including local, state, federal and private funds.

Services to be provided would include consultation on parental and child development, health education, nutritional assessment, dental health and periodic health screening, referral and follow-up.

Motorcycle helmets . . . Legislation directing that firms renting motorcycles require those under age 18 to promise to wear helmets while riding was tabled in the House. H.B. 3859, sponsored by Rep. John J. Cullerton (D-Chicago), would also have required that lessees promise that any passengers under age 18 would wear helmets.

H.B. 3859 passed in the House, but received Senate approval only after extensive revision by amendment that removed any mention of helmet use. On return to the House for concurrence, it was tabled. ISMS supported and encouraged the passage of H.B. 3859. ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

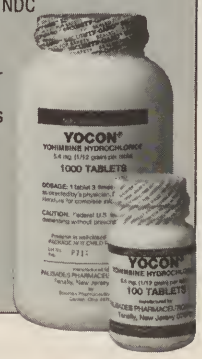
Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85

AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Clean Indoor Air Act becomes law

by Kevin O'Brien

A JUNE 27 PRESS conference in Springfield kicked off a statewide public education campaign to inform Illinois citizens about the state's first statute restricting smoking in public places.

"This Sunday, July 1, 1990, is the beginning of a new and healthier environment for Illinois citizens," said Barbara Schell, executive director of the Illinois Interagency Council for a Tobacco-Free Society. "On this date, Illinois will join the 44 other states, District of Columbia and over 400 municipalities across the country that provide their citizens with protection from secondhand tobacco smoke."

The Illinois Clean Indoor Air Act establishes non-smoking as the official policy of the state of Illinois and, with certain exceptions, prohibits smoking in all public places and work places. Areas where smoking is prohibited include hospitals, restaurants, retail stores, offices, commercial establishments, elevators, indoor theaters, libraries, art museums, concert halls, public conveyances and similar locations.

But the act exempts bars, bowling alleys, hotel rooms, private enclosed offices occupied exclusively by smokers, factories and warehouses, and rooms rented for social functions. The law grants the state the exclusive power to regulate smoking in public places with the exception of home-rule units that passed smoking restriction ordinances before October 1, 1989. There are 26 Illinois communities and counties with non-smoking ordinances already in place. Of these, DeKalb, Champaign, Chicago and 15 Chicago suburbs are home-rule communities.

"As the name Giving Illinois a Breath of Fresh Air implies, implementation procedures are focused

The AMA hears a broad variety of Illinois resolutions

The Illinois delegation introduced a variety of resolutions to the American Medical Association House of Delegates. Among them:

JAMA *editorials*

Edward J. Fesco, M.D., Illinois State Medical Society (ISMS) trustee for the Second District, presented the Illinois delegation's Resolution 67, regarding AMA editorial policies, at Reference Committee F. The resolution arose out of Illinois members' frustration over editorials appearing in the *Journal of the American Medical Association (JAMA),* the AMA's flagship clinical journal, which had been perceived as unfair to physicians.

The resolution called for the AMA to "establish a special committee of the Board [of Trustees], or expand the authority of the [*JAMA*] Editorial Board, to review all proposed editorials and to decide the appropriateness of editorials . . ." The resolution was not approved by the House.

Regarding Resolution 67, James H. Andersen, M.D., ISMS president, said, "We feel the editor should be responsible in some degree to the journal's publisher and owner. The editorials," he continued, "not only have created controversy, but have provided the basis for the public press to denigrate the profession and the practice of medicine."

A similar resolution from the New York delegation, Resolution 77, expressed frustration regarding editorial policy at *American Medical News (AM News),* the organization's weekly newspaper. The New York physicians were angered by a recent *AM News* article on New York Public Health Commissioner David Axelrod, M.D., which the delegation contended had slighted the views of organized medicine in the state.

Both Resolutions 67 and 77 prompted considerable testimony centering on AMA editorial policies.



Wm. Daniels/The Photo Partners

Edward J. Fesco, M.D., presented the Illinois resolution on JAMA *editorials to Reference Committee F. Said Dr. Fesco: "With this resolution, we bring light, not heat."*

Utilization review

The House adopted Resolution 55, urging the AMA to make it a priority to pursue changes in the Employee and Retirement Income Security Act of 1974 (ERISA). Changes sought would provide appropriate regulation of objectionable utilization review (UR) practices and address providing grievance procedures for physicians with UR and "hold harmless"-related problems.

PRO sanctions

The House referred to the Board (for a report back to the House later this year) Resolution 61, which asked AMA to lobby the U.S. Congress to change the new Peer Review Organization (PRO) sanction regulations. Those regulations require that PROs hold a formal sanction hearing when the PRO has found that a physician has committed a single "gross and flagrant" quality violation. The resolution also asked the AMA to take appropriate action against the Health Care Financing Administration (HCFA) to stop the regulations. The resolution was referred after conflicting testimony was presented over how PROs implement this requirement in other states.

PRO communications with patients

The House also adopted Resolution 58, which asked the AMA to work with HCFA to revise letters sent by PROs when questioning care rendered by physicians. The resolution recommends that HCFA's PRO communications be changed to remove the suggestion of wrongdoing and better define what additional information the PRO needs to complete its review.

Long-term and catastrophic health insurance funding

Ronald G. Welch, M.D. of Belleville, ISMS trustee for the Tenth district, spoke for the Illinois delegation on Resolutions 56 and 60. Resolution 56 proposed increasing the percentage of Social Security taxes being allocated to Medicare.

The resolution also proposed that Social Security benefits be used to help cover the cost of long-term and catastrophic care and that benefits for nursing home stays be expanded. Resolution 60 proposed that legislation be introduced in Congress to create and help finance long-term and catastrophic care insurance.

Reference committee testimony revealed that while those present agreed with these ideas, they felt the resolutions needed further study. The House voted to refer the resolutions to the Board for a report back to the House at its 1990 interim meeting.

Medicare billing and charge limits

Resolution 57, from the ISMS House of Delegates, was incorporated with other similar resolutions into Substitute Resolution 10, which was adopted as amended by the House. The resolution urged the AMA to lobby for rescinding the requirement that physicians submit HCFA Medicare claims for their patients – a federal law that goes into effect September 1. The resolution also sought the abolition of charge limits on balance billing over prevailing Medicare charge levels scheduled to become effective in January 1991, which the authors have called discriminatory. Alfred J. Kiessel, M.D., of Decatur, ISMS trustee for the Seventh District, said the HCFA filing rules will prove burdensome to physicians and remove physician prerogative.

Comparative Performance Reports

At its June 9 meeting, the ISMS Board of Trustees endorsed Resolution 134, which was adopted by the AMA House. The resolution urges the AMA to delay implementation of HCFA's Comparative Performance Report program until modifications can be made in the program. Under the Omnibus Reconciliation Act of 1989 (OBRA-89), "Carriers are required to monitor and profile physician billing patterns within each payment area and to provide comparative data for those physicians whose utilization patterns vary significantly," Dr. Kiessel said in reference committee testimony, adding that he is concerned data collected can be used inappropriately.

AIDS Awareness Week

The House adopted Illinois' Resolution 71, which calls for the AMA to establish and support an annual "AIDS Awareness Week" to increase public awareness of the HIV disease.

Infant formula advertising

The House also adopted Illinois' Resolution 64, seeking AMA adoption of the policy that breast feeding is the optimal form of nutrition for most infants. The resolution also states that the decision to use infant formula for feeding babies should be based on physician/patient consultation. ▲

on tobacco smoke, not the smoker," said Rep. James Dunn (D-Decatur), chief sponsor of the legislation. "Like most clean indoor air laws, we expect Illinois' new act to be primarily self-enforcing." Violation of the act is classified as a petty offense.

Proprietors of public establishments are responsible for making a reasonable effort to ensure compliance, including designating smoking areas within the establishment through the posting of signs. If they wish, proprietors may designate the entire establishment non-smoking.

Dunn said enforcement will be in response to public complaints filed with local health departments. Health department staff will contact establishments about which a complaint has been lodged. The proprietors will be informed of the new law and suggestions for compliance. When necessary, warning notices will be issued. Only following a clear pattern of non-compliance will further action, such as an injunction, be taken.

ISMS has long supported legislative action on public smoking. As early as 1979, ISMS' House of Delegates adopted a resolution supporting the ban or restriction of smoking in all public places.

The fresh air campaign can provide businesses and professional associations with a variety of educational materials on the law and smoking cessation programs. Contact the Clean Indoor Air Act Implementation Committee, 1440 W. Washington St., Chicago, Ill. 60645 or call (312) 243-0283.

Other sponsors of the legislation included Rep. Robert M. Terzich (D-Chicago), Rep. Gordon L. Ropp (R-Normal), Rep. Clement Balanoff (D-Chicago), Rep. Donne E. Trotter (D-Chicago), Sen. William Marovitz (D-Chicago) and Senate Minority Leader James "Pate" Philip (R-Wood Dale). ▲

HOW TO MAKE $20,000 IN MEDICAL SCHOOL LOANS DISAPPEAR.



If you're a physician who has completed training in any of these disciplines — Anesthesiology, Otorhinolaryngology, General Surgery, Thoracic Surgery, Orthopedic Surgery, Neurosurgery or Emergency Medicine — you could become a part of the Army Reserve, serving near home at times convenient to you, and take part in the Army Reserve's Health Professionals Loan Repayment Program that pays as much as $20,000 in medical school loans.

To find out more about the Health Professionals Loan Repayment Program and all of the other advantages of serving your country at home in the Army Reserve, call collect:

MAJ H. RUBIN OR
CPT C. DAWSON
(708) 541-3644

BE ALL YOU CAN BE.
ARMY RESERVE

Free clinic care *(continued from page 1)*

being sued. S.B. 1736 covers all physicians who render free care in such clinics.

The new bill protects patients by refusing immunity in cases of "willful and wanton misconduct," and by limiting procedures that can be performed. It puts off-limits those procedures that must be done in a hospital or licensed ambulatory surgical treatment center, or that require general anesthesia or an overnight hospital stay.

The bill defines "free medical clinic" as "an organized community-based program providing, without charge, medical care to individuals unable to pay for their care." The physician involved must provide care without charge to the patient, and the clinic must not pay the physician.

"Free clinics are an excellent community response to the needs of Illinoisans who cannot afford medical care," said ISMS President James H. Andersen, M.D., following the bill's passage. "We estimate 1.5 million patients in the state are without medical insurance. Many of them have enough resources to disqualify them from the Medicaid program, but still do not have enough to pay for basic medical care."

"I think this is good public policy," said Rep. Breslin. "It will help citizens and not expose them to greater dangers . . . I think it's in keeping with the Good Samaritan law."

"I feel wonderful about the passage of a bill that will provide more medical services for people in need," said Sen. Holmberg. "We've got that forgotten group – people who are uninsured, yet don't fall into that Medicaid line. We need to give them the services of more family doctors."

Both Sen. Holmberg and Rep. Breslin said strong opposition to the bill had been expected from the plaintiffs' trial bar, but the testimony of health care professionals and others involved in free-clinic programs around the state helped the bill sail through committee and pass the House on a 108-1 vote.

"I had to convince [the plaintiffs' attorneys] this was an appropriate extension of the Good Samaritan law, and it provided a significant public good with very little risk to the consumer," Rep. Breslin said. "I appealed to their social conscience."

Doctors feared malpractice exposure

"I believe more physicians will become involved now that they won't be sued for working in free clinics," said Stanley G. Rousonelos, M.D., president of the Will-Grundy Medical Clinic, which became the first community-based free clinic of its kind in Illinois when it opened in Joliet in March 1988. Dr. Rousonelos, a Joliet family physician who retired in January 1989 after 37 years of practice, testified on behalf of S.B. 1736 when it was discussed in the House Judiciary I Committee last month. Recalling the Will-Grundy clinic's experience, he said it became clear "we were having trouble getting the young physicians to join, because they were afraid of increased exposure in their malpractice coverage. We retired physicians were already taken care of."

In order to facilitate retired physicians' participation in such programs, the Illinois State Medical Inter-Insurance Exchange, the state's largest physician-owned malpractice insurer, had modified its criterion for granting a reporting endorsement ("tail coverage"). Under Exchange policy made effective in September 1989, practice in a free medical clinic is not a bar to receiving a reporting endorsement because of retirement.

The bill's passage "removes one of the serious obstacles we've been faced with" in providing free clinic care, said Theodore M. Kanellakes, M.D., a Joliet allergist who served as president of the Will-Grundy County Medical Society at the time of the Will-Grundy clinic's start-up. With S.B. 1736 in place, "the medical community has something to fall back on so they aren't jeopardized" by added malpractice risk, he added. "I think it would be an incentive to create [more of] these clinics if you knew you had some protection."

In the end, said Rep. Breslin, while "It took some convincing that the public good was best satisfied by this approach [S.B. 1736], the programs already in existence sold the the bill. The free clinics, in particular the one in Will County," she added, helped assure critical passage out of committee and onto the House floor. "This is monumental," she concluded, because "this is probably the first exemption from liability that we have passed for a profession, and in particular, doctors, in many a year." ▲

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

"Doctor, your elk is calling."



Big game you've only dreamed of... just one phone call away.

Bull elk and mule deer bucks that will stop your heart... or capture it.

- Big game hunts or photo safaris
- Choice of three types of camps
- Expert guides and wranglers
- Owned by a doctor - operated for doctors
- Located near Aspen
- Breathtaking mountain landscapes
- One trip you'll always remember
- Complete customized trip service

"Call him back." 1-800-251-6877

PRIME 1990 FALL BOOKINGS AVAILABLE NOW!

Rocky Mountain Safaris

818 26 Road, Grand Junction, CO 81506
(303) 243-9296

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Family practice. Extraordinary opportunity to assume very successful office practice in progressive rural community. 2,900 square feet of functional space with fully computerized business system directly across the street from an excellent 107 bed JCAHO accredited hospital with full-time ER coverage. Broad based consulting staff available. Very competitive compensation package including income guarantee, office subsidy, malpractice, and moving expenses in community with excellent schools and good industrial and agricultural economy. Occupational and OB exposure optionally available. Call Charles Salesman, M.D., 618/544-8577 (work) or 618/544-7831 (home) or Roger Feldt, Administrator, Crawford Memorial Hospital, 618/544-3131.

Pediatrician: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE pediatrician to join department of 17 BC/BE pediatricians. Two year guarantee plus comprehensive benefit package offered. The community offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Internal medicine/family practice—expanding practice located in new clinic 50 miles southwest of Chicago needs BC/BE physician to anchor practice for very busy surgeon. Excellent community for families, with good school system. Generous salary guarantee with partnership possibility after two years. Send letter and CV to Roman M. Smyk, M.D., 460 N. Broadway, Coal City, IL 60416; 815/634-2592.

Michigan—Ann Arbor suburb. Primary care specialists needed. Group-managed practice. Call 1 in 3. First year income guarantee, benefits and paid malpractice. Call: Wanda Parker, Senior Associate, E.G. Todd Associates, 535 Fifth Ave., Suite 1100, New York, NY 10017. Toll free: 800/221-4762. Collect: 212/599-6200.

Large group practice of neonatologists and pediatricians has openings for full and part-time board eligible and/or board certified neonatologists and pediatricians. Practice currently serves 12 community and two tertiary metropolitan Chicago hospitals. Practice also has ambulatory sites throughout the metropolitan Chicago area. Excellent salary and benefits program includes malpractice insurance. For more information contact John Hylton, Director of Operations, Neonatal & Pediatric Services, S.C., 2115 Butterfield Rd., Oak Brook, IL 60521; 708/916-8900.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820; 217/351-1285.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

The Department of Family and Community Medicine, University of Illinois College of Medicine, Rockford, is expanding and seeks applications for full-time clinical faculty as instructors in family practice residency or undergraduate ambulatory care teaching facilities. Responsibilities include teaching, patient care and research. ABFP board certified/eligible. Teaching and practice experience preferred with OB optional. Salary/rank commensurate with experience. Competitive salary/fringe benefits. Inquiries and CV to L.P. Johnson, M.D., 1601 Parkview Ave., Rockford, IL 61107. For fullest consideration submit application by July 1, 1990. The University of Illinois is an equal opportunity affirmative action employer.

OB/gyn, New York. 32-member multispecialty group in Long Island, New York, adding third member to its department of obstetrics and gynecology. First year, six figure salary, four weeks vacation, other benefits. Call: Wanda Parker, Senior Associate, E.G. Todd Associates, Inc., 535 Fifth Ave., Suite 1100, New York, NY 10017. Toll free: 800/221-4762. Collect: 212/599-6200.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparascopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, P.O. Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

ENT—Effingham, Illinois. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Family practice. Busy, growing practice needs BC/BE family physician to join well established practice. Prestigious western suburban hospital nearby. Excellent community in west Chicago suburbs. Exceptional salary and benefits. Partnership available upon agreement. Contact: Sherie Everhart, 708/766-6300.

Medical center seeking physicians to work part time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call 708/390-0300 or 708/390-9300.

Need medical oncologist in practice to associate with cancer center. Write to Box 2172, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

OB/gyn—family practice—general surgery— internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc., 12724 N. Maplecrest Lane, Mequon, WI 53092, 1-800-243-4353.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Physican wanted. Pediatrician, with or without training in allergy, to join rapidly expanding solo practice near Chicago. Excellent oportunity. Reply to Box 2171, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General Surgeon—BC/BE to join multispecialty group in southern Illinois serving population of about 20,000. Within 20 miles of Southern Illinois University Medical School, 120 miles from St. Louis, MO and 45 miles from Paducah, KY. Modern 40 bed hospital with x-ray, lab, CT scan, ultrasound and special care unit. Must be willing to do some primary care. (No OB). Guaranteed income with all practice expenses paid plus incentive. Write: E. A. Helfrich, Administrator, Union County Hospital, Anna, IL 62906; 618/833-4511 call collect.

Internist, BC/BE, Rockford, IL. Solo practice, three man call, stable, active practice, transition with retiring physician. Medical center assistance. Call collect, Joanne Zenisek, 815/226-0220.

Family physician—well equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five-room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone 618/285-6634.

Time for living! Time for family, children, traveling, hobbies, sports, hiking, music, boating, art, skiing, community activity. Madison Ambulatory Care Center: outpatient family practice, occupational health. Approximately 25 hours per week, very flexible scheduling. Salary $30,000 plus paid health, life, malpractice, 401K (total package worth in excess of $40,000). Contact David Goodman, M.D., MedicEast, 2810 E. Washington Ave., Madison, WI 53704; 608/244-1213.

Outpatient clinic seeks qualified physician to provide medical care, including treatment of minor emergencies, acute illnesses, routine physical exam and injuries, for Western Illinois University. Competitive salary. Excellent benefits, including regular work hours, free tuition, paid malpractice, vacation and sick leave, and retirement. This position could be the right one for you! Expected starting date fall 1990. Please submit a letter of application, along with three letters of reference and a resume to: Jaime Cercone, M.D., Medical Chief of Staff, Beu Health Center, Macomb, IL 61455.

St. Louis University's HealthLine Physician Services is currently recruiting primary care physicians to provide clinical services in the emergency department of Harrisburg Medical Center in Harrisburg, IL; full-time and part-time positions are available. Moderate volume; 24-hour radiology, anesthesiology, laboratory; strong ED nursing and medical staff support. Competitive hourly rate with professional liability insurance provided. Contact Gerry Liebmann, 1-800-443-3901, 3663 Lindell, Suite 400, St. Louis, MO 63108.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin, 44 physician, multispecialty group is seeking two internists, a vascular surgeon, a rheumatologist, an OB/gyn, an ophthalmologist and a neurologist. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Parkway, Beloit, WI 53511, or call 608/364-2200.

Large south side practice is looking for energetic physicians to join a stable practice of twelve years. Looking for (1) family practitioner, (2) general practitioner, (3) pediatrician. Please respond in confidence to: P.O. Box 578, Chicago, IL 60617.

Cardiologist, board certified/board eligible, wanted for well established cardiology-internal medicine practice in northwestern Illinois. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2158, c/o *Illinois Medicine,* 20 N. Michigan Ave, Suite 700, Chicago, IL 60602.

Internist, with or without subspecialty training, BC/BE, wanted to join a well established practice in northwestern Illinois. Send curriculum vitae and resume to: Box 2158, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Pediatrician, OB/gyn, family practitioner, general surgeon. Growing 17 physician, multispecialty clinic in beautiful northwestern Wisconsin seeking BC/BE specialists. Attractive partnership opportunity. Come grow with us! Contact Donald W. Clemens, Administrator, Indianhead Medical Group, Ltd., 1020 Lakeshore Drive, Rice Lake, WI 54868. Phone 715/234-9031.

Family practice; solo or combined surgical, family practice. Unique opportunity—we lost one surgeon recently. Practice established in 1966. Located in a 10-year-old well maintained office building (1,568 square feet) on 2 acres of land across from a shopping center. The population of Kewanee is 14,500 and has a 100-bed local hospital. Ideal for an independent-minded solo practitioner or surgeon. Emergency room work available. Call coverage can easily be arranged. Current physician retiring. Call after 5 pm 309/852-2697.

Situations Wanted

General practice and general surgery. Seeking position solo practice in GP/GS, sponsored by a JCAH Hospital, not HMO. Illinois license, American Board eligible in surgery. Available now. Write: 10 Cottonwood, Apt. 811, Canyon, TX 79015.

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

A board certified pediatrician with emergency room experience seeks a full-time hospital based position for Chicago and suburbs only. Will consider HMO. Reply to Box 2177, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Locum coverage available. Board certified licensed radiation oncologist. Reply to Box 2151 c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General practitioner seeking part-time position for practice in north central Illinois. Reply to Box 2155, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician, Illinois licensed and insured. Experienced in family practice, minor trauma and industrial medicine. Seeking position in ambulatory/immediate care center. Reply to Box 2178, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Primary care solo practice. One hour from Chicago. Completely equipped, staffed and computerized. Established since 1981. Excellent patient base. No HMOs. Hospital nearby. Call 815/786-9767.

Dental office—beautiful office in prestigious modern building. Excellent busy location. Three exam rooms, lab, private office, washrooms and parking. Waukegan, IL; 708/244-8340.

Oak Brook. Exquisite country French home with tennis court. Five bedrooms, library, 3-1/2 baths, finished basement, three car garage. Hinsdale district. 708/325-4376.

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Elgin, Illinois: office space available in medical building. Two suites 400 or 850 square feet. Located two blocks from hospital. Call Dorothy O'Malley, 708/741-0200.

Pediatric practice on sale in growing young community of Bolingbrook. Well equipped office in medical building. For information call 708/852-1948 after 8pm.

Office for rent on Montrose and Kimball—3354 W. Montrose, second floor, 1300 square feet, five rooms and stock room. Newly remodeled. Excellent condition, like new. Central air conditioning and heat, two washrooms, new carpet. 708/470-1206.

Oak Brook. Secluded retreat set among towering evergreens on 2.7 acres. This 14 room contemporary boasts six bedrooms, 4.5 baths, maid's quarters, separate five room guest house and much more. Sharon Schwanderlik, PAV Realtors, 708/795-7100.

Orthopedic practice for sale. Sole practitioner located about 50 miles from Chicago, grossing over $1,300,000, annually and netting close to $800,000 while taking off 12 weeks. 12-15 surgery cases performed weekly and 50 in-office patients daily. New, first class building with 5,000-plus square feet part of sale. Ideal for individual or group. Call for more details. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Miscellaneous

Attention: Earn money typing at home! $32,000/ year income potential. Details. 602/838-8885 ext. T-17390.

Attention—hiring! Government jobs—your area. $17,840-$69,485. Call 602/838-8885 ext. R-17390.

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Attention: Earn money reading books! $32,000/year income potential. Details. 602/838-8885 ext. BK-17390.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing. Computerized system can be customized to meet the needs of your practice. Accurate ICD-9 and CPT coding. Insurance filing and follow-up. Financial reports showing practice analysis. Contact Golden Office Management, Inc., 3317 W. 95th St., Evergreen Park, IL; 708/423-7778.

SMC: POL consulting; quality assurance is quality care. Laboratory compliance: federal and state regulation; quality control programs, safety, procedure manuals, instrument maintenance logs, correlation analysis. Complete laboratory evaluation. Free POL assessment. 312/882-4526.

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

FOR A QUALITY

DĒFENSE

THE EXCHANGE BUILDS

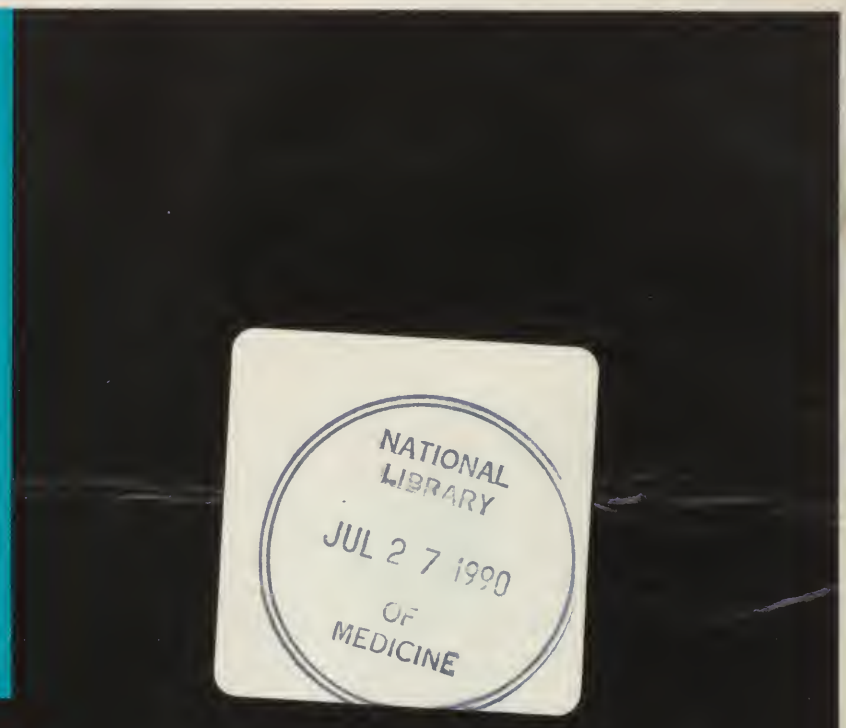
A STRONG DEFENSE TEAM

WITH THE

PHYSICIAN DEFENDANT,

DEFENSE COUNSEL

AND EXCHANGE STAFF.



NATIONAL LIBRARY
JUL 27 1990
OF MEDICINE

We know your professional reputation is at stake. You can count on the Exchange for superior advocacy service.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians since 1976.

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

WI IL617L
V.3 NO.16 1990
C.DI---------SRO: SR0063601
TI: ILLINOIS MEDICINE

Illinois court upholds malpractice statute of repose 6

Illinois Medicine

August 3, 1990 ILLINOIS STATE MEDICAL SOCIETY

NATIONAL LIBRARY
AUG 0 9 1990
OF MEDICINE

Governor's budget cuts hit state health care

by Caryl Carstens

MEDICAID AND THE state employee insurance program took heavy cuts July 13 when Gov. James R. Thompson removed $179 million from the $13 billion general funds budget passed by the Illinois General Assembly during its spring session. As a result, the governor's cuts in the Illinois Department of Public Aid (IDPA) budget may lengthen the payment cycle for physicians from the current estimated 37 days to between 50 and 56 days.

While the legislature claimed to have cut about $500 million from the governor's proposed 1991 budget, Thompson estimated that lawmakers' spending plan exceeded his by $179 million. Legislators also refused to pass any new or additional taxes called for by the governor to pay for the spending he had originally proposed.

Thompson reduced the $2.6 billion IDPA medical assistance grant (Medicaid) appropriation by $115.3 million, or 4.4 percent, bringing it in line with his original budget request (see chart). Included in the reduction (taken from legislative increases intended to shorten the fiscal year 1991 Medicaid payment cycle to around 32 days) are $44.3 million for hospitals, $43.1 million for long-term care, $12.2 million for practitioners and $15.7 million for other medical aid.

He also cut the $25 million appropriation added by the legislature to Central Management Services (CMS), which runs the state employees' group health insurance program. CMS will experience a similar lengthening in its payment cycle as a result of the governor's line-item veto.

"My cuts in the departments of public aid, Central Management Services and revenue are not cuts that I make lightly," Thompson wrote in his veto message to the legislature. "These cuts, which return the billing cycles in medical services [and] group insurance [programs] ... to the levels recommended in the budget, are necessary because the General Assembly did not enact a balanced budget."

But Bureau of the Budget administrative officer Patricia McKenzie said the lengthening of the payment cycles will not occur immediately in any of the programs. The bureau's aim is to maintain the current payment cycle for Medicaid providers at

(continued on page 10)

Governor's Medicaid Cut$$$$$

(in millions)

Gov. Thompson vetoed $115.3 million from the $2.6 billion Medicaid appropriation, thus sending back to the General Assembly a Medicaid budget of $2.5 billion.

	Amount enacted	Amount vetoed	New amount
Practitioners[1]	$ 241.4	$12.2	$229.3
Hospitals[2]	$1,026.0	$44.3	$981.7
Long-term care	$ 846.2	$43.1	$803.1
Other medical services cut	$ 305.3	$15.7	$289.6

(Figures may not tally due to rounding)

[1]Includes physicians, optometrists, podiatrists and chiropractors
[2]Includes inpatient care, ambulatory care and disproportionate share funding

Sources: Governor's veto message; H.B. 3341; Illinois Department of Public Aid

U.S. and Illinois high courts rule on life-sustaining treatment

IN RAPID SUCCESSION, the U.S. Supreme Court and the Illinois Supreme Court ruled earlier this summer on cases addressing the circumstances under which nutrition and hydration can be withdrawn from patients who are terminally ill or in persistent vegetative states.

Taken together, the cases are expected to have broad influence over how Illinois physicians, families and patients' designated surrogates resolve their life-and-death dilemmas. While both courts agreed life-sustaining treatment can be withdrawn, they strongly limited the terms of such withdrawal.

The U.S. Supreme Court determined individual states can set their own rules, up to the highest civil-law standards of evidence, on how to ascertain patients' wishes. The Illinois ruling allowed that knowledge of a patient's "personal value system" can guide decision-makers.

The Medical Environment
Issues and trends affecting medical practice

But neither court resolved once and for all the difficulties facing those involved in such decisions, and more legislative and judicial battles can be expected over this complex issue. The life-sustenance question continues to be driven by the rapid advance of medical technology that can keep more patients alive longer than ever before possible.

On June 25, the U.S. Supreme Court ruled 5-4 that competent individuals can refuse life-sustaining treatment, including artificially pro-

(continued on page 10)

CON granted for Provident acquisition

by Kevin O'Brien

COOK COUNTY HOSPITAL (CCH) has received some good news for a change. On July 12, the state Health Facilities Planning Board (HFPB) voted unanimously to award the beleaguered public hospital a certificate of need (CON) to permit its proposed acquisition of the shuttered Provident Medical Center on Chicago's South Side.

The action, which occurred despite staff advice to the contrary and the continued opposition of some members of the black community, must still be approved by the Cook County Board before CCH can proceed with a $19.7 million renovation of the facility at 500 E.



Wm. Daniels/The Photo Partners

CCH Director Terrence M. Hansen

51st St. CCH Director Terrence M. Hansen told the HFPB he will seek approval for the acquisition of Provident, and a second hospital he would not identify, at the board's August 6 meeting.

He said the resulting configuration would eventually reduce to 600 beds the current county hospital

(continued on page 9)

In this issue

Blue Cross/Blue Shield calls for fewer hysterectomies 2
National Practitioner Data Bank and Illinois reporting requirements compared 2
'Perspective' angers MDs 3
Great moments in Illinois medicine 5
News capsules 7
Public health report 9

BETHESDA MD 20894
8600 ROCKVILLE PIKE
ISD - SERIALS
NATIONAL LIBRARY OF MEDICINE
0715 IM
**********3 DIGIT SCF 208

Blue Cross/Blue Shield announces campaign to cut hysterectomies in Illinois

BLUE CROSS/BLUE SHIELD of Illinois (BCBSI) on July 18 announced a campaign to cut the number of hysterectomies performed in the state by one-third.

There is "a growing consensus among medical researchers that a third or more of hysterectomies are being performed unnecessarily," said Arnold Widen, M.D., BCBSI medical director, at a Chicago press conference announcing the campaign. According to Dr. Widen, the majority of these involve non-malignant conditions in women under 40. Having compiled a statistical survey of every hospital in the state for the years 1987-1989, Dr. Widen said the organization found wide divergences in the numbers of hysterectomies performed in different regions and institutions.

Dr. Widen said BCBSI has sent a letter to every hospital in the state informing each one as to how it compares with other hospitals of its size in its geographic area, and "Our anticipation is that we will get a high level of cooperation" in individual hospital responses to the program's inquiries. "We're talking about working with the provider community to correct a problem we think exists.

"Hysterectomy is the second most frequently performed surgical procedure in the United States after Caesarean section," Dr. Widen noted, and added that BCBSI, the state's largest private health insurer, believes "between $16 and $20 million can be saved" in costs to the organization if non-surgical methods are used on the under-40 non-malignant patients with conditions like uterine fibroids, prolapse and uterine pain.

"We are going to talk to utilization review [UR] people; effective UR should address this kind of issue," Dr. Widen continued. But "utilization management alone is not the answer; we think we're talking about a certain orientation toward practice. ... We have to work with the physicians and the hospitals to see if there should be an alteration in now-accepted patterns," which he said have led to many unnecessary hysterectomies in Illinois and throughout the United States.

Physicians urge caution in consideration of data

Physicians agreed that evaluating appropriateness of procedures like hysterectomy is important, but urged that patients' best interests be kept in mind.

"I think there's always a danger in too much interpretation of some very raw data," said Alfred J. Kiessel, M.D., chairman of the Illinois State Medical Society Third Party Payment Processes Committee. "I think the individual medical records really need to be reviewed.

"Most hospitals are already looking carefully at hysterectomy," Dr. Kiessel continued, adding that such review must proceed "with consideration of the needs, desires and comfort of patients."

Caution in examining such statistics was echoed by M. LeRoy Sprang, M.D., an Evanston obstetrician/gynecologist. "My interpretation of looking at what they did is that the numbers in individual hospitals were probably too small to be meaningful or accurate," Dr. Sprang said.

"The thing to remember about non-malignant hysterectomy," Dr. Sprang continued, "is that frequently, the hysterectomy is being done because of the symptoms the patient is reporting. She's having severe cramping, pain or bleeding; and it's the patient who comes to the physician requesting that the physician do something about it."

Dr. Sprang agreed with Dr. Widen's statement that women should get a second opinion before having a hysterectomy.

"Absolutely, that's certain," he said. "Most of the time today, second opinions are being given already. There's nothing wrong with all women, especially younger women with non-malignant conditions, getting a second opinion beforehand.

"We're all in favor of the best medical care and want to see that for our patients," Dr. Sprang concluded. ▲

Comparing the National Practitioner Data Bank and Illinois reporting requirements

The July 6 issue of Illinois Medicine *examined some of the changes that will occur following implementation of the National Practitioner Data Bank (NPDB), scheduled to begin operation September 1. Following is a summary of selected provisions of the reporting requirements for the NPDB and the Illinois Medical Practice Act. A full comparison can be obtained by writing to the Illinois State Medical Society.*

NPDB requirements

To whom do regulations apply?

•Hospitals and other health care entities (including health maintenance organizations and medical groups) that take certain adverse actions against a physician's or dentist's clinical privileges, based on professional conduct or competence, that last more than 30 days.

•State medical and dental boards (The Illinois Department of Professional Regulation [IDPR]) that take disciplinary actions against the license of a physician or a dentist.

•Professional societies of physicians, dentists or other health care practitioners that take adverse licensure or professional review actions.

•Individuals and entities making payments as a result of medical malpractice actions or claims.

When must actions be reported?

Information must be submitted to the data bank within 30 days of the date the action was authorized. Such actions include malpractice payments, licensure actions and adverse action.

For the latter adverse actions, a health care entity must report to IDPR within 15 days of when action was taken. IDPR must submit information to the data bank within 15 days of receipt of such information.

What must be contained in the medical malpractice payment report?

•With respect to the health care practitioner for whose benefit the payment is made, the report must contain: name, work address, home address, if known, and Social Security number, if known. If obtained in accordance with Section 7 of the Privacy Act of 1974, date of birth, name of each professional school attended and year of graduation, license number and field of licensure, name of state where license issued, Drug Enforcement Administration registration number if known, and name of each hospital with which the licensee is affiliated.

•With respect to the reporting person/entity: name and address of person/entity making payment; and name, title and telephone number of the responsible official submitting the report on the entity's behalf and relationship of the reporting person/entity to the health care practitioner.

•With respect to the judgment or settlement resulting in the payment: identification of the adjudicative body and case number, if applicable, date(s) on which the act(s) or omission(s) occurred that gave rise to the action/claim, date of judgment or settlement, amount paid, date of payment, whether payment is for judgment or settlement, any conditions attached, a description of the acts or omissions, and classification of same with a reporting code.

Note that a claim settlement payment is not construed as a presumption of medical malpractice.

What IDPR actions are not reportable?

Any formal disciplinary action against the license of a physician or dentist requires a report. However, state board actions that are not reportable to the NPDB include:

•Informal actions, such as "letters of warning," if no penalty is included.

•Suspensions or disciplines lasting 29 days or less.

•Disciplinary actions that are not formally initiated (acted on) due to a physician's retirement.

•Discipline of a physician's controlled substance license. Only medical license actions are reportable.

•Rejection of a license application for reasons other than professional conduct or competence.

Reports of adverse actions from health care entities and professional societies must be made to IDPR within 15 days after the action is formalized by the appropriate official. IDPR has 15 days to forward the report to the NPDB.

Illinois Medical Practice Act requirements

Who falls under the Act?

•Institutions licensed by the Illinois Department of Public Health.

•Professional associations operating within Illinois.

•Professional liability insurers.

•State's attorneys in instances where a licensed person is convicted or otherwise found guilty of a felony.

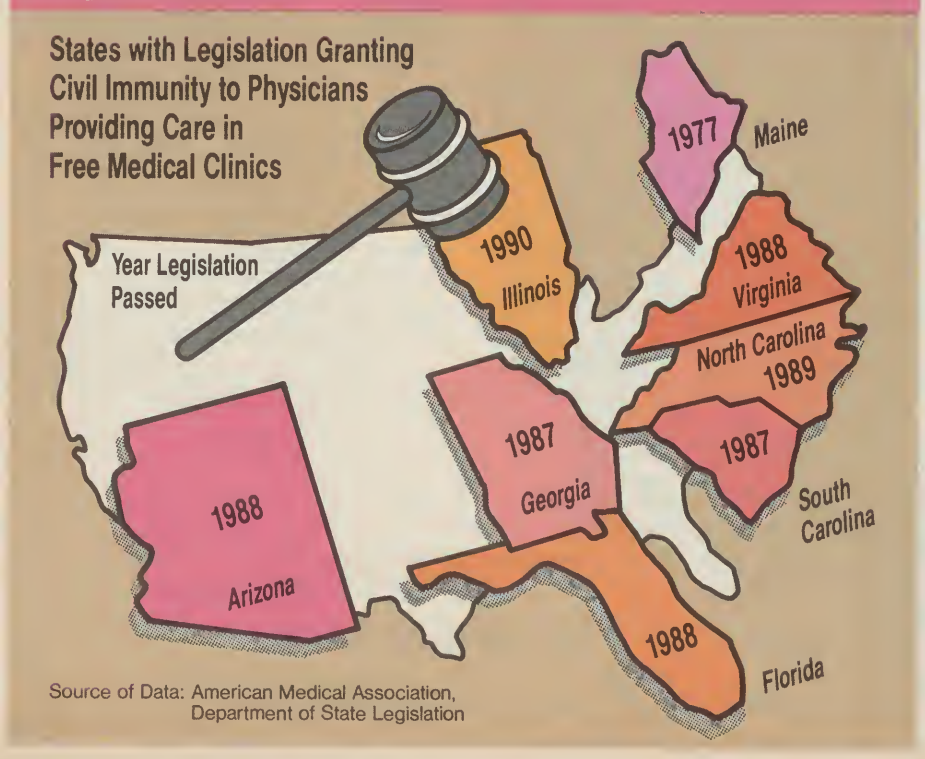
•All agencies, boards, commissions, departments or other state government entities.

When must actions be reported?

Information must be submitted to IDPR within 60 days after a final determination that a report is required.

(continued on page 7)

Physician Facts



Source of Data: American Medical Association, Department of State Legislation

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

Organized medicine reacts to skewed "Perspective"

ILLINOIS PHYSICIANS REACTED angrily to Chicago commentator Walter Jacobson's July 11 WBBM-TV "Perspective," in which he blamed organized medicine and Illinois legislators for medical malpractice legislation he called unfair to children.

Calling Jacobson's broadcast "irresponsible to the point of recklessness," Illinois State Medical Society (ISMS) President James H. Andersen, M.D., called on the station to broadcast a correction.

In the segment, Jacobson blamed ISMS and some lawmakers for the 1987 passage of legislation shortening the Illinois statute of limitations for minors. He stated incorrectly that as of July 20, Illinois parents have only until their child reaches age 8 to file lawsuits against hospitals or physicians guilty of malpractice.

"If anyone's listening who has a child over 8 who has cerebral palsy, now's the time to consider a lawsuit," Jacobson urged. "If you wait till next Friday [July 20], you'll be too late." The legislation's three-year grace period for out-of-date cases expired July 20.

Under previous Illinois law, the statute of limitations for medical malpractice claims did not go into effect until a minor reached age 18. At that point, the complainant had two years after discovery of an alleged injury to file a complaint, with a maximum of four years allowed, up to age 22. The new law, which ISMS supported and prompted introduction of, requires complaints regarding minors to be filed within eight years of the alleged injury, up to the time a person is 22 years old.

Responding to Jacobson's comments on cerebral palsy, Dr. Andersen noted that "Scientific evidence indicates the causes of cerebral palsy are genetic or developmental in utero. There is no scientific support tying it to delivery. Jacobson's assertion that cerebral palsy is caused by physicians is so damaging as to border on libel."

In a letter to Johnathan Rodgers, WBBM-TV's vice president and general manager, Dr. Andersen called on the station "to take immediate action to broadcast a correction of the factual errors. For Mr. Jacobson to use his on-air visibility to direct parents of afflicted children to automatically assume their child has been injured by a physician is irresponsible to the point of recklessness."

George T. Wilkins Jr., M.D., chairman of ISMS' Board of Trustees, called the report "reckless and inflammatory" in a separate letter to Rodgers. He wrote, "Eight years is ample time for families and physicians to detect and diagnose problems in a child's health; routine childhood checkups and the child's entry into the school system offer many opportunities for health screening."

Dr. Wilkins added that earlier filing of claims within a reasonable time as the statute requires, "allows decisions on meritorious cases to be made on the basis of current medical standards and accelerates the process of weeding out frivolous or nonmeritorious cases."

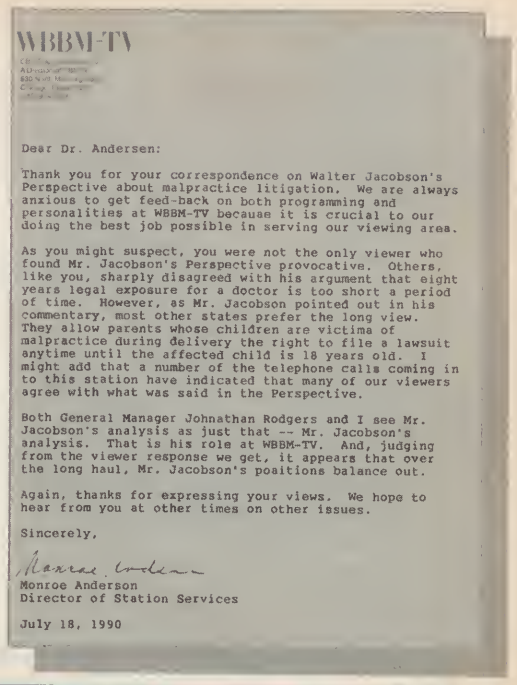
Jacobson also aired Secretary of State Jim Edgar's picture, implying Edgar's involvement in the statute change. "At the time the statute was passed, Mr. Edgar was secretary of state and had no role in the legislative process," Dr. Wilkins wrote. "We can only speculate on the personal and political pressures that were brought to bear on Mr. Jacobson and his staff to represent this matter in such a biased, one-sided manner."

The "Perspective" segment had further alluded to the Illinois State Medical Inter-Insurance Exchange's dividends and noted that the Exchange had $600 million in reserves.

Fred Z. White, M.D., chairman of the Exchange's Board of Governors, wrote Rodgers that Jacobson failed to understand medical malpractice insurance. Dr. White said, "Had Mr. Jacobson understood, his perspective should have been different."

Dr. White said reserves were needed to pay future damages and were regulated by the Illinois Department of Insurance (IDI). "One of the reasons that the legislature passed the 1987 statute of limitations legislation was to address increased costs of damages so far in the future. The Exchange reserve levels are appropriate. In fact, the IDI reviews these reserve levels annually and will take action if they are inappropriate."

WBBM-TV sent a letter of reply to Dr. Andersen on July 18 (at right). Rodgers has declined *Illinois Medicine*'s request for comment. ▲



WBBM-TV

Dear Dr. Andersen:

Thank you for your correspondence on Walter Jacobson's Perspective about malpractice litigation. We are always anxious to get feed-back on both programming and personalities at WBBM-TV because it is crucial to our doing the best job possible in serving our viewing area.

As you might suspect, you were not the only viewer who found Mr. Jacobson's Perspective provocative. Others, like you, sharply disagreed with his argument that eight years legal exposure for a doctor is too short a period of time. However, as Mr. Jacobson pointed out in his commentary, most other states prefer the long view. They allow parents whose children are victims of malpractice during delivery the right to file a lawsuit anytime until the affected child is 18 years old. I might add that a number of the telephone calls coming in to this station have indicated that many of our viewers agree with what was said in the Perspective.

Both General Manager Johnathan Rodgers and I see Mr. Jacobson's analysis as just that -- Mr. Jacobson's analysis. That is his role at WBBM-TV. And, judging from the viewer response we get, it appears that over the long haul, Mr. Jacobson's positions balance out.

Again, thanks for expressing your views. We hope to hear from you at other times on other issues.

Sincerely,

Monroe Anderson
Director of Station Services

July 18, 1990

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

MEDICARE NOTES

PREADMISSION/PREAUTHORIZATION PROCEDURE CODE UPDATE

The following updated list of CPT-4 procedure codes are those most frequently associated with the 10 targeted surgical procedures and as such are subject to preadmission/preprocedure review by the peer review organization.

PROCEDURE CODES	CPT-CODES
Cholecystectomy	47600, 47605, 47610, 47612, 47620
Cartoid Endarterectomy	35301
Percutaneous Transluminal Coronary Angioplasty (PTCA)	92982, 92984
Complex Peripheral Revascularization	35521, 35533, 35541, 35546, 35548, 35549, 35551, 35556, 35558, 35565, 35566, 35571, 35582, 35583, 35585, 35587, 35621, 35641, 35646, 35651, 35654, 35656, 35661, 35665, 35666, 35671
Coronary Artery Bypass With Graft (CABG)	33510, 33511, 33512, 35513, 35514, 35516, 33520, 33525, 33528, 33570, 33575
Prostatectomy and Trans-urethral Prostatectomy	52601, 52612, 52614, 52620, 52630, 52650
Cataract Extraction	66840, 66850, 66915, 66920, 66930, 66940, 66983, 66984
Hysterectomy	51925, 58150, 58152, 58180, 58200, 58210, 58260, 58265, 58267, 58270, 58275, 58280, 58285, 58951, 59135, 59525
Laminectomy	63001 - 63017, 63020, 63030, 63035, 63040, 63042, 63045, 63046, 63047, 63048, 63055 - 63078
Major Joint Replacement	
Total Ankle	27702
Total Knee	27446, 27447
Total Hip	27130, 27132

The second list, shown below, is for your convenience and denotes the changes made.

PROCEDURE	CPT-4 DELETIONS	CPT-4 ADDITIONS
Coronary Artery Bypass With Graft	33560	None
Hysterectomy	59560, 59561, 59580, 59581	59525
Laminectomy	63021, 63031, 63041	None

Refer to your Medicare B Provider Handbook for specific instructions regarding prior authorization by the peer review organization. The telephone number for Crescent Counties Foundation for Medical Care, the Illinois peer review organization, for prior authorization for the listed surgical procedures is: 1-800-448-4568

NEW TOLL-FREE HOTLINES FOR ILLINOIS PROVIDERS

Two new hotlines have been added for your convenience. Please note that each line is specific, to either participating or non-participating providers.

PARTICIPATING PROVIDERS ONLY 1-800-535-6152
NON-PARTICIPATING PROVIDERS 1-800-535-6147

(This report is a service to the physicians of Illinois)
8/03/90

Editorials

A right to dignity

The U.S. and Illinois Supreme Court rulings in the *Cruzan* and *Greenspan* cases have provided much food for thought. On the one hand, the decisions make it clear that Illinoisans have the right to competently refuse life-sustaining treatment, including artificial nutrition and hydration.

But when they have not left explicit instructions beforehand – through such documents as the living will and durable power of attorney for health care – the same individuals lose their right to refuse such treatment once they become incompetent. And their designated surrogates – families, friends and loved ones – will still largely be forced into the courts to plead their cases at a time when their vegetative or terminal conditions leave them voiceless and helpless. For many families, this means years of agony and frustration.

Let's continue to work through the legislature to remedy this tragic situation. This past year, the Illinois State Medical Society (ISMS) strongly supported legislation to address the problem, but it was downed over legal liability issues. As caregivers and patient advocates, physicians are intricately bound up in the struggle for a rational, humane and compassionate solution, and they need to make their voices heard in this matter.

In the meantime, ISMS offers physicians two brochures to help them work through the issues with their patients: "A Physician's Guide to the Living Will Act" and "A Physician's Guide to the Illinois Durable Power of Attorney for Health Care Law." We urge all physicians to use these brochures in their practices and to discuss their contents with patients. We need strong, across-the-board solutions to the broad problems of treating terminally ill and persistently vegetative patients; until those solutions are found, the living will and durable power of attorney for health care documents are definitely a step in the right direction.

More light, less heat on malpractice

Television's power to influence audiences is among the broadest and most immediate in all the information media. Because of this, it is only natural we should hold television journalists to high standards of accuracy and fairness.

Unfortunately, inaccuracies and lack of context on television news programs can put (and keep) incorrect ideas in viewers' minds that drive out accurate information. That's why the Illinois State Medical Society and Illinois State Medical Inter-Insurance Exchange expressed their dismay over a recent commentary aired on Chicago's WBBM-TV. Commentator Walter Jacobson harshly criticized physicians and state legislators for collaboration on legislation he considers unfair to Illinois families. But Jacobson got his facts wrong (See story, page 2), and seemed to misunderstand the context in which the legislation was drafted and approved. In closing, he appeared to encourage parents to call their lawyers and sue before it's "too late."

Such commentaries only serve to add to the confusion already out there, as well as to encourage the perpetuation of "malpractice lottery fever." Is it unfair to ask for a little more light and a little less heat on the subject of medical malpractice litigation? ▲

Illinois Medicine

VOLUME 2, NUMBER 16 **AUGUST 3, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Ginny Thiersch, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



Guest Editorial

Disability Determination Services: in partnership with physicians



by Edward G. Ference, M.D.

The Bureau of Disability Determination Services (DDS) is a state government office working in partnership with you, the medical community of Illinois. With your help, we at DDS determine which people in our state will receive benefits under the Social Security Administration (SSA) disability program.

We're a branch of the Illinois Department of Rehabilitation Services in Springfield. Last year, we processed more than 128,000 SSA disability cases.

The SSA disability program dictates precisely the evidence we must have before making a disability decision. Determinations are based on objective medical evidence, clinical signs, symptoms and lab findings.

The program falls into two primary categories: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). SSDI is an insurance program that provides benefits to eligible disabled people, and their dependents, who have worked under and contributed to Social Security. SSI is an income-maintenance program for people who are elderly, blind or disabled and who fall below a certain income/assets level.

Individuals apply for SSA disability at their local Social Security office, which makes the initial eligibility determination based on quarters worked for SSDI applicants and income/assets level for SSI applicants. The application obtains information on the applicant's disability and treatment incurred. If all basic requirements are met, the claim is sent to DDS.

Disability claims must be fully documented, requiring extensive correspondence with medical and vocational information sources. Medical evidence is obtained from the claimant's doctor and from any clinics, hospitals or other institutions where treatment was received.

When additional medical information is needed, a DDS adjudicator will send a request for medical evidence of record to the treating physician or other medical sources who have treated the claimant.

When available medical evidence is insufficient for a disability determination, we can arrange for a consultation examination (CE) to be purchased at government expense. The CE may be performed by either the claimant's own treating physician or an independent source.

When the claimant's treating physician is qualified to perform the additional examination or tests and generally furnishes complete and timely reports, the treating physician will be the preferred source for the CE. In some situations, however, the treating physician may prefer not to perform the examination or may lack the necessary equipment to do so. The claimant also might request an alternate source or might not have a treating physician. Then we will arrange for the CE to be performed by an independent source.

There are more than 1,200 physicians on the DDS consultative panel – a listing of qualified medical sources throughout the state who will accept CE referrals.

After we have obtained the needed objective evidence, the DDS adjudicative team – consisting of a physician and a professional disability adjudicator – must decide the nature, severity and duration of the impairment(s), and the resulting restriction in work-related activities.

We are grateful for the cooperation and assistance we receive from the state's medical community. Together, we make important contributions to Illinois'disabled citizens. ▲

Edward G. Ference, M.D., a Springfield pediatrician, is chief medical consultant of the Bureau of Disability Determination Services in the Illinois Department of Rehabilitation Services.

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

The indefatigable Dr. Tice takes on "the white plague"

BETWEEN 1933 AND 1936, Chicago's Municipal Tuberculosis Society (MTS) identified more than 27,000 school children with positive reactions to the tuberculin test. How many of these at-risk children might expose other children? Only follow-up x-rays could provide any real clues. But it would be next to impossible to get all 27,401 children to the city's tuberculosis clinics, and the x-ray machines of the day were cumbersome and, if moved, susceptible to shock.

MTS president Frederick Tice, M.D., was undeterred: if he couldn't bring the children to the sanitarium, the sanitarium would go to the schools. The indefatigable physician introduced what is believed to be the first mobile x-ray unit ever used. The unit included a darkroom and three dressing rooms as well as a shockproof x-ray machine. Mounted on a 1.5-ton truck, it traveled between 10 and 40 miles and took up to 400 x-rays each day.

Despite the difficulties of his work, Dr. Tice continued to practice medicine uninterrupted until a few days before his death at 82. Even after his retirement, the master diagnostician did daily rounds.

Dr. Tice later solidified his reputation as an innovator when he instituted an ambulatory clinic for lung-collapse therapy at MTS' dispensary. In doing so, reports Thomas N. Bonner in *Medicine in Chicago, 1850-1950,* Dr. Tice ignored established opinion that the procedure should be restricted to sanitarium patients. The risk reaped great rewards: eventually all MTS dispensaries in the city adopted the practice, enabling hundreds of patients to receive treatment and continue work.

Personal experience fueled Dr. Tice's passionate crusade against tuberculosis. While the Wisconsin-born Dr. Tice was working his way through Rush Medical College (moonlighting as a nurse) his mother and sister succumbed to the disease. In 1899, the young physician himself developed the disease and was told he had months to live. The prognosis was mistaken and Dr. Tice recovered to wholly dedicate himself to the eradication of the "white plague."

In the years that followed, Dr. Tice became Chicago's foremost authority on the disease. In addition to his work at MTS, he established the first tuberculosis clinic at Cook County Hospital, spearheaded efforts to pass an act providing a municipal tuberculosis sanitarium in each community in the city, and was a leading light in the research and development of tuberculosis vaccines.

Dr. Tice's accomplishments assume even greater significance when one considers the inauspicious environment in which physicians of the day undertook their labors for public health. Bonner reports that one of Dr. Tice's predecessors at MTS, Theodore Sachs, M.D., resigned his post at the sanitarium after the politics permeating municipal projects became too much for him. A month later, the pioneer committed suicide, a frustrated man who gave his best to a great cause, with little public support.

Despite the difficulties of his work, Dr. Tice continued to practice medicine uninterrupted until a few days before his death at 82. Even after his retirement, the master diagnostician did daily rounds. According to an obituary published by the Institute of Medicine of Chicago, Dr. Tice attributed his assiduousness to his car, which he said "automatically found its way to [Cook County Hospital] when it left the garage." ▲



Illinois State Historical Library

Chicagoan Frederick Tice, M.D., was a pioneer in efforts to eradicate tuberculosis. He himself had been a victim of TB.

For Your Patient Referral Needs

One Call Gets Us All
1-800-472-3660
or
Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex

MEDICAL COLLEGE OF WISCONSIN

Illinois Supreme Court upholds malpractice statute of repose

THE ILLINOIS SUPREME Court July 3 upheld, 4-3, the application of the medical malpractice statute of repose to third-party contribution claims. The ruling closes off an avenue of litigation that allowed corporate and other civil defendants to sue third-party physicians and other health care providers many years after alleged injuries, contrary to the intent of state law.

In ruling that the statute of repose must apply to third-party claims as it does to first-party claims, the court's majority explicitly affirmed that the state's statute of repose was meant to moderate the malpractice insurance crisis of several years ago.

That statute gives a plaintiff two years from date of injury or two years from date of discovery of injury (but altogether no later than four years from date of injury) to file suit against a physician. But the state's contribution act provided that any party could "third-party in" another defendant as long as the case was pending. As a result of the ruling, the hospital or other entity that files a contribution action against a third party, such as a physician, must now do so within those four years.



Ruth E. Van Demark (left) defended Illinois' statute of repose. Fred Z. White, M.D., called the ruling "a positive step" toward controlling medical costs.

Hayes v. Mercy Hospital et al involved a Chicago plaintiff, who in 1983 sued the city of Chicago, a physician and a trailer manufacturer, among others, for injuries he allegedly sustained while being transported in a police vehicle and later undergoing medical treatment. The trial court dismissed the physician from the case with prejudice in 1985, but in October 1986, the city and the trailer manufacturer filed separate third-party complaints for contribution against the physician.

Based on the four-year statute of limitations, the trial court granted the defendant's motion to dismiss in March 1988, and the plaintiffs appealed. The appellate court affirmed the trial court, and the Supreme Court affirmed the appellate court.

Writing for the majority, Justice Ben Miller wrote, "We believe that the plaintiffs' interpretation of the medical malpractice statute of repose unduly limits its scope and misapprehends the purpose behind its enactment. ... [W]hen the General Assembly limited the time period in which a party could bring a suit for medical malpractice, it was faced with what it perceived as a medical malpractice insurance crisis. [The] definite period in which an action could be filed was viewed as necessary to prevent extended exposure of physicians and other hospital personnel to potential liability for their care."

Insurance and legal experts expressed positive reactions to the high court's ruling.

"This ruling is fair to patients and doctors," said Fred Z. White, M.D., chairman of the Board of Governors of the Illinois State Medical Inter-Insurance Exchange, the state's oldest and largest physician-owned malpractice insurer. "Medical malpractice suits often take years to resolve. Without the statute of repose, that process could prove even longer, making it difficult, if not impossible, to accurately project future payouts." As a consequence, Dr. White noted, "Patients pay for out-of-control malpractice awards through increased medical costs; this ruling is a positive step toward controlling those costs."

"I'm pleased that the Supreme Court recognized that when the statute on medical malpractice was passed, the intent was to cover any and all claims that might be filed," said Saul J. Morse, Illinois State Medical Society general counsel and a senior partner in the Springfield firm of Morse, Giganti & Appleton. "Clearly, the possibility of different lawsuits being filed at different times takes away a certain fairness and certainty from our civil justice system, which would be inappropriate."

"In terms of policy, this was definitely the right decision, and it was what the Illinois General Assembly intended in 1975," said Ruth E. Van Demark, the defense attorney throughout the case. "The statute of repose," she noted, "was enacted so that insurance companies could calculate their insurance premiums based on the four-year statute of repose to contain the costs of liability risk for everyone." ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

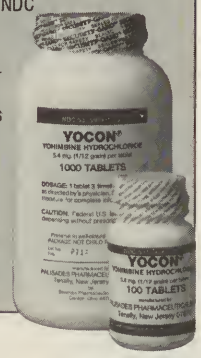
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Exchange Q & A

Physicians are encouraged to submit queries to: Exchange Q & A, Illinois Medicine, *Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602.*

Q: *What should I do when I am served a summons?*

A: Any papers served by an officer of the court in which you are named as a defendant, a co-defendant or a respondent in discovery must be reported to the Illinois State Medical Inter-Insurance Exchange immediately. Do not communicate or respond to the patient or his attorney. Do not discuss the case with anyone.

Contact the claims department for instructions as to what information should be sent to the Exchange with the summons.

There are time restrictions for filing an appearance to the complaint that must be met or a default judgment will be entered against you. Failure to respond is considered by the legal system to be agreement with the allegations.

The sooner the Exchange is aware of the complaint, the sooner the process to assign legal counsel and prepare the response can be completed on your behalf.

Your office staff should also be aware of the importance of the summons and how to report to the Exchange. A summons cannot be left in your "in" box while you are on vacation. ▲

NEWS CAPSULES

Members in the news

Fred Z. White, M.D., of Chillicothe, was recently named 1990 Family Physician Teacher of the Year by the Illinois Academy of Family Physicians (IAFP). Dr. White received the award July 26 during the IAFP annual meeting at the Marriott Lincolnshire Resort, Lincolnshire. The award recognizes a family physician educator "who has distinguished himself in the teaching of family medicine and family practice." Dr. White is chairman of the Board of Governors of Illinois State Medical Inter-Insurance Exchange, the state's oldest and largest physician-owned malpractice insurer, and director of the Methodist Medical Center Family Practice Residency Program in Peoria. . . . **Joan E. Cummings, M.D.**, of Hines, was recently named to the board of directors of the Illinois Comprehensive Health Insurance Plan (CHIP). The Illinois Senate confirmed Gov. James R. Thompson's nomination for a three-year term June 29. "The program is one that I think many of our own citizens with acute and chronic illnesses need," said Dr. Cummings, "and I hope to support that program." Dr. Cummings, speaker of the Illinois State Medical Society (ISMS) House of Delegates, is an internist and geriatrician at Hines V.A. Hospital.

Health commissioner search ending

The five-month search for a permanent commissioner of the Chicago Department of Health (CDOH) is nearing its end. On July 19, Chicago Board of Health President Whitney W. Addington, M.D., said he has offered the position to a prospective candidate, and that he and the candidate are "close" to an agreement. But he declined to identify the candidate until a formal announcement can be made "in about two weeks," or to say whether the candidate is a physician.

Dr. Addington's disclosure came amid reports in the Chicago press that Mercy Hospital and Medical Center President Sister Sheila Lyne was slated to become interim commissioner, succeeding Acting Commissioner Richard M. Krieg, Ph.D. Saying, "There are no plans for her to become interim commissioner," Dr. Addington did confirm that Sister Sheila would be joining CDOH as a deputy commissioner.

Sister Sheila chaired the board's clinic oversight committee, which developed recommendations for consolidating the city's clinic system that were adopted by the Chicago and Cook County Health Care Summit. Dr. Krieg said implementation of the plan, which will not result in any staff layoffs, will begin soon.

Madison County hosts Edgar

Republican gubernatorial candidate Jim Edgar spoke on the need for caps on non-economic damages in malpractice suits at a June 29 reception in Edwardsville. About 200 people, including St. Clair County Medical Society members and local business leaders, attended the event, sponsored by the Madison County Medical Society (MCMS). "The [MCMS] members saw Jim Edgar's concerns for limitations of malpractice awards to prevent economic hardships for doctors, hospitals and ultimately patients," said Edward Ragsdale, M.D., MCMS past president. The Illinois State Medical Society Political Action Committee (IMPAC) endorsed Edgar this spring. ▲

National Practitioner Data Bank

(continued from page 2)

What must be contained?

- The name, address and telephone number of the person making the report.
- The name, address and telephone number of the subject of the report.
- The name or other means of identification of the patient(s) whose treatment is the subject of the report. However, no medical records may be revealed without written consent from the patient(s).
- A brief description of the facts.
- If applicable, the court docket number, along with the identity of the court in which an action is filed.
- Any other relevant information.

Confidentiality issues: Nothing under para. 4400-23 Sec. 23 is to be construed as a waiver of the confidentiality of medical reports and committee reports, except to the extent provided by law. Any information is to be kept for the confidential use of the disciplinary board, the medical coordinators, the disciplinary board's attorneys, the medical investigative staff and authorized clerical staff.

As with the NPDB, state officials say adverse actions must relate to professional competence and conduct, and not to administrative or technical failures.

Thus, a voluntary reduction of privileges, suspension due to incomplete medical records or rejection of an applicant because, for example, the department has too many specialists, are not reportable. ▲

The Simple Pleasures

Remember when every major medical plan was like this . . .

NO PRE-APPROVALS

CHOOSE YOUR OWN DOCTOR & HOSPITAL

FAST FRIENDLY CLAIMS SERVICE

"No pre-approvals," the doctor said. The doctor just as easily could have declared that they were free to go to their favorite doctor *and* the trusty local hospital, with no questions asked. "We also enjoy fast, friendly claims service," added the office manager. "And the PBT's representatives always make me feel like they're on my side." It's not always this easy to find life's simple pleasures . . . great personal service . . . experienced staff used to meeting the needs of physicians and group practices . . . outstanding coverage options . . . and best of all—low group rates. However, it's what you would expect from your medical society's own program. After all, it's just what the doctors ordered!

If you're looking for the simple pleasures of a worry-free Office Benefits Program for your practice, you'll love the PBT. Enjoy our Major Medical Plan and your choice of Dental, Life, Disability and Dependent Life coverages.

For information, call toll free: (800) 621-0748. Or call (312) 559-9130 or mail coupon.

Please send information about the Office Benefits Program.

Coverage Includes:
☑ Major Medical

Options:
☐ Dental
☐ Life
☐ Disability
☐ Dependent Life

Office Manager/Contact Person: _____

Practice Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Total Number of Physicians & Staff: _____

ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.
(Formerly The Hardy Group, Inc.)

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

PUBLIC HEALTH REPORT

by Judy Alsofrom

Travel and exotic diseases

Summertime is vacation time, and physicians are advised to ask their patients for travel histories when confronted with unusual symptoms that don't fit the usual diagnoses, according to the Illinois Department of Public Health (IDPH).

For example, an Illinois resident recently returned from a vacation in Jamaica with a fever, headache, chills and jaundice he couldn't shake. The key to his diagnosis turned out to be that trip to the Caribbean, where he contracted leptospirosis, also known as Weil's disease and leptospiral jaundice.

The classic symptoms of this infectious disease are fever, chills and jaundice, sometimes accompanied by meningitis. The disease can be picked up in many warmer climates and is transmitted by bathing in fresh water that has been contaminated by rat urine. Treatment for leptospirosis is a course of penicillin, streptomycin, erythromycin or tetracycline.

In addition to considering the travel history of patients presenting with suspicious infections, IDPH also suggests that physicians remind their patients who do travel to avoid bathing in bodies of fresh water where the possibility of contamination by rats exists.

Measles still rising

Illinois is on its way to a "worst-ever year" title for measles – again. Last year was the worst year in 10 years for measles outbreaks, according to IDPH. With 541 cases reported in Chicago as of July 17 and 640 outside the city, however, 1990 measles totals are up considerably over this time last year, IDPH reports.

On a more optimistic note, measles activity declined sharply in June, compared to the whole year. Because 50 percent of the measles cases are found in children under 5, IDPH suggests that "aggressive outbreak control" with vaccinations is the reason behind the recent decline, rather than the end of the school year.

The department hopes that efforts to reach Hispanic residents of Chicago and Cook County and other minority groups with its vaccination programs will eventually bring the number of measles cases down to pre-1989 levels.

Pertussis increasing

IDPH officials are less optimistic about another vaccine-preventable disease, pertussis. Cases of pertussis have increased sharply in Chicago and downstate areas.

Ninety-seven cases have been reported statewide so far this year, compared with 66 cases in 1989 and only 34 reported in 1988.These include an outbreak in Quincy of 40-45 suspect cases. There have been no deaths related to the disease in the past few years.

Nonetheless, the rising number of cases has IDPH officials worried. Officials attribute the increase to parental reluctance to inoculate their children with the pertussis vaccine due to bad publicity. They also note a reluctance by some physicians to use the vaccine because of the publicity and resulting malpractice suits from alleged poor outcomes from the vaccine's use.

"We're afraid we're heading for what happened in England, when they stopped giving the vaccine across the board," an IDPH spokesman said. "Now they have more deaths there from pertussis than they ever had from the vaccine." ▲

Provident acquisition

(continued from page 1)

complex. In a separate action directly related to the Provident CON application, the HFPB approved an initial 238-bed reduction at CCH.

Receipt of the CON was the last of three conditions set by Housing and Urban Development (HUD) Secretary Jack Kemp for the county's acquisition of the formerly black-owned institution that has been closed since Sept. 16, 1987. Kemp said he would sell Provident to the state for $1, with the state then transferring title to the county, provided a transition board was appointed, a financial plan for reopening the hospital was developed and the CON received.

HFPB staff cites concerns

HFPB staff said CCH's application for a CON appeared deficient in the areas of service to medically underserved areas, financing plans and reasonableness of project cost. But HFPB member Harry S. Kurshenbaum said the CCH application was unique in that it dealt with "the fabric of our county and what it needs."

Hansen told HFPB members that granting the CON would help CCH resolve its difficulties with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The accrediting association notified CCH on April 13 of its decision to disaccredit the hospital because of insufficient progress on correcting a multitude of "lifesaving" deficiencies in the hospital's main building, its medical "A" building and its children's building. CCH appealed the decision on April 23 and its accreditation remains intact pending outcome of the appeal.

Hansen assured HFPB members that, during an intensive annual review on July 6, JCAHO staff indicated the hospital's current plan for addressing the deficiencies was acceptable. But saying that making improvements in two of the buildings "just doesn't make [economic] sense," Hansen said acquiring Provident would permit forgoing improvements in one building and provide an opportunity to re-examine needed work on the other two.

"In order for the 'A' building and the children's building to make sense as an operational entity," Hansen said, "we're talking a minimum of $20 million in just hard construction costs." The Chicago and Cook County Health Care Summit action plan calls for at least $24.2 million to $29.1 million to correct problems in all three buildings.

Plans to acquire a second hospital

Hansen also said his August proposal to the Cook County Board would include the recommendation to acquire a second hospital, although he would not confirm recent reports of discussions concerning Bethany Hospital at 3435 W. Van Buren St. "They [the county board] should definitely hear it from me first, as opposed to in the newspaper," he said after the meeting.

But the summit action plan's recommendation was for a reconfigured 1,000-bed county inpatient system including, in addition to the Provident acquisition, the acquisition of the Bethany Hospital, St. Anne's Hospital, or both, and the building of a downsized replacement facility, probably on the current campus. Initially, the summit's recommendations included Bethany only, since Bethany is the only one of the two currently operating. St. Anne's, closed since 1988, was included in the recommendation as a result of protests from West Austin community representatives.

An official of Evangelical Health Systems (EHS), which owns Bethany, confirmed that talks with the county are under way. "Evangelical Health Systems has had discussions with an official of Cook County Hospital concerning the possible sale of Bethany to the county," said William Colwell, EHS vice president of public relations. "However, the discussions are at a preliminary stage."

Meanwhile, increasingly uphill efforts of the New Provident Community Hospital Association to acquire Provident as a black-owned and -operated hospital continue. Spokesman Joseph Collens said the association may seek an injunction against the awarding of the CON. ▲

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

***Arnold**
Sherman C. Arnold, M.D., of Flossmoor, died October 16, 1989 at the age of 73. Dr. Arnold was a 1943 graduate of Loyola University Stritch School of Medicine, Chicago.

****Conley**
David O. Conley, M.D., of Streator, died October 22, 1989 at the age of 95. Dr. Conley was a 1918 graduate of Northwestern University Medical School, Chicago.

***Dahlberg**
Andrew V. Dahlberg, M.D., of Chicago, died November 25, 1989 at the age of 78. Dr. Dahlberg was a 1940 graduate of Loyola University Stritch School of Medicine, Chicago.

***Douglas**
William T. Douglas, M.D., of Hillsboro, died November 6, 1989 at the age of 74. Dr. Douglas was a 1941 graduate of Northwestern University Medical School, Chicago.

***Fingerhut**
Morton H. Fingerhut, M.D., of Chicago, died October 9, 1989 at the age of 71. Dr. Fingerhut was a 1942 graduate of Northwestern University Medical School, Chicago.

****Fleming**
James F. Fleming, M.D., of Arlington Heights, died October 12, 1989 at the age of 82. Dr. Fleming was a 1935 graduate of Loyola University Stritch School of Medicine, Chicago.

***Fraley**
William H. Fraley, M.D., of Pekin, died October 29, 1989 at the age of 60. Dr. Fraley was a 1958 graduate of the University of Illinois College of Medicine, Chicago.

****Leader**
Samuel A. Leader, M.D., of Chicago, died October 10, 1989 at the age of 88. Dr. Leader was a 1926 graduate of Rush Medical College, Chicago.

****Leichenger**
Harry Leichenger, M.D., of Evanston, died October 6, 1989 at the age of 89. Dr. Leichenger was a 1924 graduate of Rush Medical College, Chicago.

***Martinez**
Nestor S. Martinez, M.D., of Flagstaff, AZ (formerly of Chicago), died October 6, 1989 at the age of 64. Dr. Martinez was a 1951 graduate of Facultad de Medicina de la Universidad Nacional Autonoma de Mexico.

***Burke**
George H. Burke, M.D., of Springfield, died June 1 after a massive heart attack. He was 68.

Dr. Burke was a former Illinois State Medical Society District Four trustee and a past president of the Rock Island County Medical Society. He was also a past president of the Illinois Radiological Society and a fellow of the American College of Radiology. Dr. Burke was chairman of the radiology department at Franciscan Medical Center in Rock Island from 1962 until his retirement in 1987.

Dr. Burke is survived by his wife, five children and five grandchildren. Memorial contributions may be made to Memorial Medical Center Foundation, One Memorial Plaza, Springfield, Ill. 62702-9978.

***McKay**
Joseph McKay, M.D., of San Diego, California (formerly of Oak Brook and Glen Ellyn) died October 15, 1989 at the age of 67. Dr. McKay was a 1947 graduate of Loyola University Stritch School of Medicine, Chicago.

***Nolan**
Kenneth S. Nolan, M.D., of Elmhurst, died October 14, 1989 at the age of 68. Dr. Nolan was a graduate of the University of Illinois College of Medicine, Chicago.

****Pope**
George J. Pope, M.D., of Park Ridge, died October 16, 1989 at the age of 76. Dr. Pope was a 1939 graduate of Loyola University Stritch School of Medicine, Chicago.

****Powell**
Harry I. Powell, M.D., of Skokie, died October 15, 1989 at the age of 76. Dr. Powell was a 1939 graduate of the University of Illinois College of Medicine.

***Regunberg**
Daron Regunberg, M.D., of Chicago, died October 7, 1989 at the age of 34. Dr. Regunberg was a 1981 graduate of New York Medical College, Valhalla.

****Schorr**
Hyman J. Schorr, M.D., of Chicago, died October 10, 1989 at the age of 90. Dr. Schorr was a 1930 graduate of the University of Illinois College of Medicine, Chicago.

Budget cuts *(continued from page 1)*

least through the first half of the fiscal year. In six months, available funding will be reappraised.

The Illinois Department of Public Health (IDPH) appropriation remained close to the $303 million approved by the legislature with only duplicative appropriations cut by the governor's veto pen. The Families with a Future program appropriation, including $6.2 million for nutrition that was in the Women, Infants and Children (WIC) program, totals around $25.3 million, IDPH said, or $1.6 million more than the program received last year.

Low rates, payment cycles impact MDs

Reacting to the governor's announcement, James H. Andersen, M.D., president of the Illinois State Medical Society, said, "It has been our hope the legislature would adequately fund health care programs for the state. Last year, reimbursement levels were increased. Extended payment cycles for physicians this year make collaboration with government programs in this area more difficult and could be a step backward for retaining and recruiting physicians in ... Medicaid."

Ken Robbins, president of the Illinois Hospital Association, was bluntly critical of the governor's action. "The administration has once again chosen to shortchange health care and, to our chagrin, assign health care providers the same spending priorities as a trade office in Zaire and a Cook County fair, two of the few itmes for which appropriations were eliminated. Ironically," he said, "this result will force the state to pay interest under the state's vendor payment statute on those claims not paid within 60 days."

Thompson told legislators the various veto reductions were necessary to ensure a general fund balance of $275 million at the end of the fiscal year next June 30.

"An ending balance of that magnitude is necessary to protect the next governor and to avoid the crisis that I inherited in 1977 when the ending balance was $52 million," the governor said. The Bureau of the Budget has decreased its 1991 revenue estimate by $54 million since March due to the expected downtrend in the nation's economy, he added.

The General Assembly will have an opportunity to override the governor's vetoes when it returns for the annual fall session. ▲

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

Life-sustaining treatment *(continued from page 1)*

vided nutrition and hydration. But the court left it up to individual states to decide their standards of evidence for patients' wishes.

The key question in *Cruzan v. Director, Missouri Department of Health* centered on what standard of evidence applies to the decision to withdraw life-sustaining treatment, and whether the patient had previously expressed her wishes in a definitive way that could override the state's interest in preserving life. The court, in a keenly split ruling, upheld a 1988 Missouri Supreme Court ruling that said a guardian needed "clear and convincing" evidence of a patient's wishes before withdrawal of such measures. The clear and convincing evidentiary standard is the highest in civil law, and Missouri shares it with only two other states, New York and Maine.

Significantly, the court found that the right to refuse medical treatment, including life-sustaining treatment, exists in the Constitution. And it encouraged the use of living wills and other documents expressing formally individuals' desire to refuse life-sustaining treatment.

Having delayed a ruling until after the *Cruzan* decision, the Illinois Supreme Court on July 9 ordered a lower court to examine whether clear and convincing evidence exists that Sidney Greenspan, a comatose 82-year-old stroke victim, would wish withdrawal of the nutrition and hydration keeping him alive.

The court ruled 4-2 that the standard of evidence in *In re Greenspan* should derive from an earlier case, *In re Longeway*. In that case, the state's high court had established that a surrogate could authorize withdrawal of life-sustaining treatment when death is otherwise imminent; but the patient must be terminally ill or in a persistently vegetative state; the attending physician and two other consulting physicians must concur in the diagnosis; and the patient's right must outweigh any state interest in preserving life.

The majority wrote, "In *Longeway*, this court approved application of the substituted-judgment theory, which requires a surrogate decision-maker to establish . . . what the patient would decide if competent... based on clear and convincing evidence of the patient's intent, *derived either from a patient's explicit expressions of intent or from knowledge of the patient's value system*" (emphasis added).

Experts see need for living will, power of attorney documents

Presumably, the "substituted-judgment" theory upheld in *Greenspan* will allow for some flexibility in this area. But experts warn that the only truly clear way to demonstrate one's wish not to be maintained artificially is to use living will and durable power of attorney for health care documents. They urged physicians to discuss those documents with patients.



"A Physician's Guide to the Illinois Living Will Act" and "A Physician's Guide to the Illinois Durable Power of Attorney for Health Care Law" are available free of charge in single quantities from ISMS.

"The net effect of these court rulings is to clearly recognize both individuals' rights to control their lives and the right of states to pass laws recognizing state interest in preservation of life," said Saul J. Morse, general counsel for the Illinois State Medical Society (ISMS) and a senior partner in the Springfield law firm of Morse, Giganti & Appleton.

But *Cruzan* still "keeps the decisions away from the families of patients," said John La Puma, M.D., director of the Center for Clinical Ethics at Lutheran General Hospital in Park Ridge. "Families who are well-intentioned are not going to be able to make decisions for their loved ones, and that's just wrong."

In the meantime, Dr. La Puma said, "The ISMS booklet on durable power of attorney recommends an office visit with the patient and his agent [on] advance directives, before the patient gets sick. I think this is thoughtful and progressive."

Meanwhile, physicians involved in the care of failing patients continue to be dogged by the legal complexities in this area.

"We discussed [the decisions] in the ethics committee of our hospital," said Joan E. Cummings, M.D., a Hines internist and geriatrician. "The problems of the clear and convincing evidence standard could be alleviated somewhat by the clause regarding evidence of the patient's value system, but many patients, as in *Cruzan,* are young or middle-aged, and these sorts of decisions have not occurred between family members."

Dr. Cummings, who treats many vegetative and terminally ill patients in her practice at Hines V.A. Hospital outside Chicago, added, "The best decisions are probably made when patients, families and physicians can meet and come to agreement. In the absence of a patient's ability to take part, families and physicians should have the freedom and support to be able to make these decisions as surrogates." ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Pediatrician: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE pediatrician to join department of 17 BC/BE pediatricians. Two year guarantee plus comprehensive benefit package offered. The community offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

Michigan—Ann Arbor suburb. Primary care specialists needed. Group-managed practice. Call 1 in 3. First year income guarantee, benefits and paid malpractice. Call: Wanda Parker, Senior Associate, E.G. Todd Associates, 535 Fifth Ave., Suite 1100, New York, NY 10017. Toll free: 800/221-4762. Collect: 212/599-6200.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820; 217/351-1285.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

The Department of Family and Community Medicine, University of Illinois College of Medicine, Rockford, is expanding and seeks applications for full-time clinical faculty as instructors in family practice residency or undergraduate ambulatory care teaching facilities. Responsibilities include teaching, patient care and research. ABFP board certified/eligible. Teaching and practice experience preferred with OB optional. Salary/rank commensurate with experience. Competitive salary/fringe benefits. Inquiries and CV to L.P. Johnson, M.D., 1601 Parkview Ave., Rockford, IL 61107. For fullest consideration submit application by July 1, 1990. The University of Illinois is an equal opportunity affirmative action employer.

OB/gyn, New York. 32-member multispecialty group in Long Island, New York, adding third member to its department of obstetrics and gynecology. First year, six figure salary, four weeks vacation, other benefits. Call: Wanda Parker, Senior Associate, E.G. Todd Associates, Inc., 535 Fifth Ave., Suite 1100, New York, NY 10017. Toll free: 800/221-4762. Collect: 212/599-6200.

Physician wanted. Pediatrician, with or without training in allergy, to join rapidly expanding solo practice near Chicago. Excellent opportunity. Reply to Box 2171, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

We are now recruiting physicians full and part-time for a medical facility located in suburban Chicago performing 1st and 2nd trimester pregnancy terminations. Laparascopic and laser surgery skills a plus. Salary and benefit package for full time position amounts to over $100,000. Malpractice insurance available. Family planning but no obstetrical deliveries. Will consider physicians interested in part-time or moonlighting hours. Resident physicians welcomed. Will train. Must have Illinois license. Send resume to Administrator, P.O. Box 2237, Des Plaines, IL 60017, or call the administrator at 708/390-9300.

ENT—Effingham, Illinois. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Medical center seeking physicians to work part time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call 708/390-0300 or 708/390-9300.

Need medical oncologist in practice to associate with cancer center. Write to Box 2172, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

OB/gyn—family practice—general surgery— internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc., 12724 N. Maplecrest Lane, Mequon, WI 53092, 1-800-243-4353.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

General Surgeon—BC/BE to join multispecialty group in southern Illinois serving population of about 20,000. Within 20 miles of Southern Illinois University Medical School, 120 miles from St. Louis, MO and 45 miles from Paducah, KY. Modern 40 bed hospital with x-ray, lab, CT scan, ultrasound and special care unit. Must be willing to do some primary care. (No OB). Guaranteed income with all practice expenses paid plus incentive. Write: E. A. Helfrich, Administrator, Union County Hospital, Anna, IL 62906; 618/833-4511 call collect.

Family physician—well equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five-room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone 618/285-6634.

Time for living! Time for family, children, traveling, hobbies, sports, hiking, music, boating, art, skiing, community activity. Madison Ambulatory Care Center: outpatient family practice, occupational health. Approximately 25 hours per week, very flexible scheduling. Salary $30,000 plus paid health, life, malpractice, 401K (total package worth in excess of $40,000). Contact David Goodman, M.D., MedicEast, 2810 E. Washington Ave., Madison, WI 53704; 608/244-1213.

St. Louis University's HealthLine Physician Services is currently recruiting primary care physicians to provide clinical services in the emergency department of Harrisburg Medical Center in Harrisburg, IL; full-time and part-time positions are available. Moderate volume; 24-hour radiology, anesthesiology, laboratory; strong ED nursing and medical staff support. Competitive hourly rate with professional liability insurance provided. Contact Gerry Liebmann, 1-800-443-3901, 3663 Lindell, Suite 400, St. Louis, MO 63108.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin, 44 physician, multispecialty group is seeking two internists, a vascular surgeon, a rheumatologist, an OB/gyn, an ophthalmologist and a neurologist. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Parkway, Beloit, WI 53511, or call 608/364-2200.

Large south side practice is looking for energetic physicians to join a stable practice of twelve years. Looking for (1) family practitioner, (2) general practitioner, (3) pediatrician. Please respond in confidence to: P.O. Box 578, Chicago, IL 60617.

Cardiologist, board certified/board eligible, wanted for well established cardiology-internal medicine practice in northwestern Illinois. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2158, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internist, with or without subspecialty training, BC/BE, wanted to join a well established practice in northwestern Illinois. Send curriculum vitae and resume to: Box 2158, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Pediatrician, OB/gyn, family practitioner, general surgeon. Growing 17 physician, multispecialty clinic in beautiful northwestern Wisconsin seeking BC/BE specialists. Attractive partnership opportunity. Come grow with us! Contact Donald W. Clemens, Administrator, Indianhead Medical Group, Ltd., 1020 Lakeshore Drive, Rice Lake, WI 54868. Phone 715/234-9031.

Chicago, IL—Emsco Management Services currently staffs eight emergency departments and four ambulatory care facilities within the metropolitan Chicago area. If you would like to become a member of a group committed to excellence, please call or send your CV for immediate consideration to: Diane Temple, 907 N. Elm St., Suite 301, Hinsdale, IL 60521, 708/654-0050.

OB/gyn, family practice, internal medicine. Opportunities available for BC/BE physicians to join independent, multispecialty group with 10 clinics in the Minneapolis/St. Paul metropolitan area. Fee-for-service and pre-paid patients, highly competitive earnings, excellent benefit package. Reply: Nancy Borgstrom, Aspen Medical Group, 1020 Bandana Blvd. West, St. Paul, MN 55108; 612/641-7185.

Family practitioner needed for several openings in: Florida, Texas and northern California. Practice quality medicine on quality people—where the patients' needs come first. Reach new heights. Call 1-800-531-5980. Please send CV to Col. William E. Patterson, HQ USAFRS/RSH, Randolph AFB, TX 78150.

Excellent opportunities for physicians in family practice, internal medicine, OB/gyn and pediatrics. Directorships and partnerships available. Chicago and suburban locations. Please call: 708/674-9225 or send CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Otolaryngology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Dermatology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Pediatrics—Brainerd, MN: Join 2 pediatricians in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Internal medicine—Brainerd, MN: Join 7 internists in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

A board certified pediatrician with emergency room experience seeks a full-time hospital based position for Chicago and suburbs only. Will consider HMO. Reply to Box 2177, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

Primary care solo practice. One hour from Chicago. Completely equipped, staffed and computerized. Established since 1981. Excellent patient base. No HMOs. Hospital nearby. Call 815/786-9767.

Dental office—beautiful office in prestigious modern building. Excellent busy location. Three exam rooms, lab, private office, washrooms and parking. Waukegan, IL; 708/244-8340.

Oak Brook. Exquisite country French home with tennis court. Five bedrooms, library, 3-1/2 baths, finished basement, three car garage. Hinsdale district. 708/325-4376.

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Elgin, Illinois: office space available in medical building. Two suites 400 or 850 square feet. Located two blocks from hospital. Call Dorothy O'Malley, 708/741-0200.

Established pediatric practice for sale in growing young community of Bolingbrook. Well equipped office in medical building. Anxious for prompt sale. For information call 708/852-1948 after 8pm.

Orthopedic practice for sale. Sole practitioner located about 50 miles from Chicago, grossing over $1,300,000, annually and netting close to $800,000 while taking off 12 weeks. 12-15 surgery cases performed weekly and 50 in-office patients daily. New, first class building with 5,000-plus square feet part of sale. Ideal for individual or group. Call for more details. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Active established primary care practice. Completely equipped, staffed and computerized. Excellent patient base. Will introduce. Chicago location. Call 312/346-3364.

Medical suite for rent: in high traffic, stable working community in Chicago area. Excellent demographics. Large modern suite with accessible parking. 312/238-6686.

Prime medical space. Eminent architect will design. 1,750 square feet. Southwest Chicago-Beverly Hills, historic landmark "Village in the City," central location. Parking. Call 312/445-3942.

Miscellaneous

Attention: Postal jobs! Start $11.41/hour! For application info call 602/838-8885 ext. M-17390, 6am-10pm, seven days.

Attention—hiring! Government jobs—your area. $17,840-$69,485. Call 602/838-8885 ext. R-17390.

Attention: Earn money reading books! $32,000/year income potential. Details. 602/838-8885 ext. BK-17390.

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

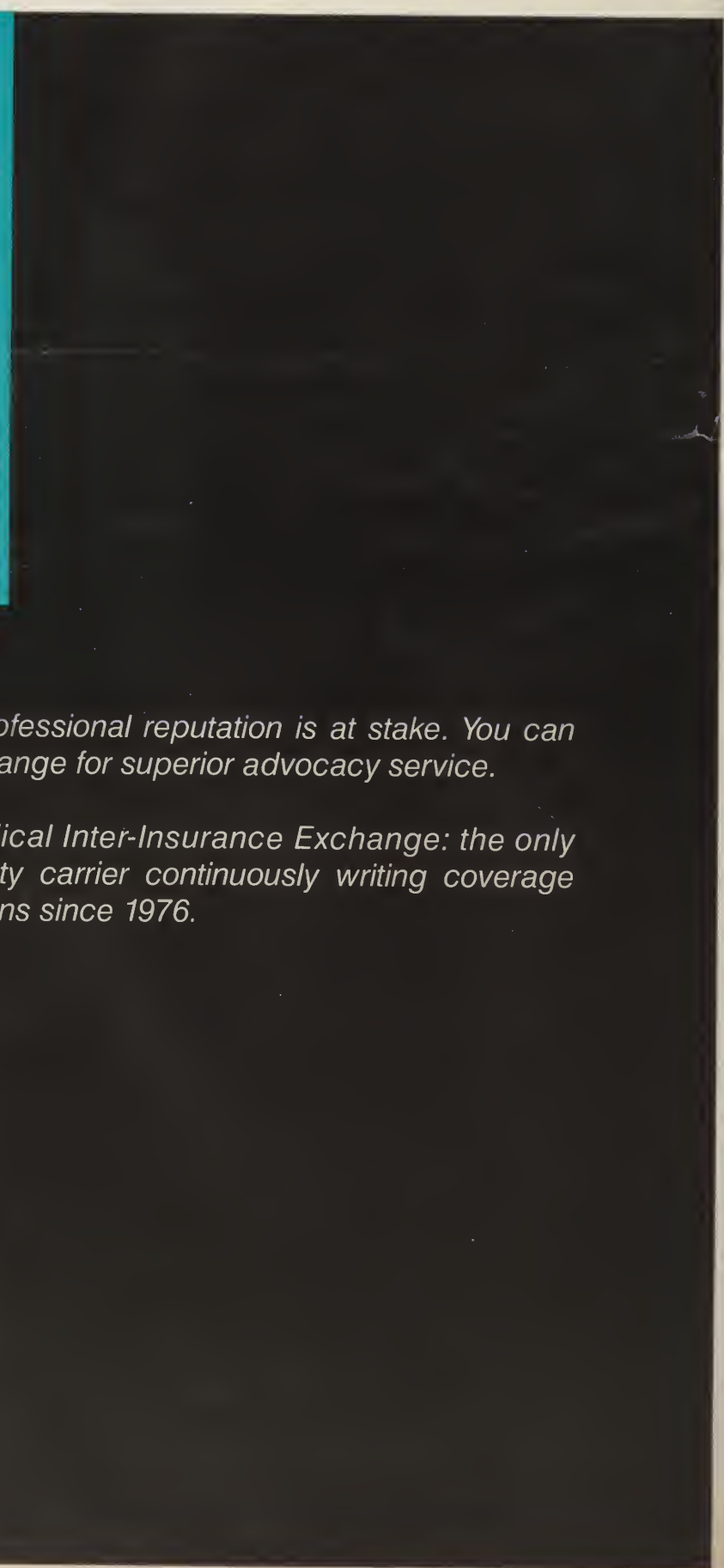
Medical billing. Computerized system can be customized to meet the needs of your practice. Accurate ICD-9 and CPT coding. Insurance filing and follow-up. Financial reports showing practice analysis. Contact Golden Office Management, Inc., 3317 W. 95th St., Evergreen Park, IL; 708/423-7778.

SMC: POL consulting; quality assurance is quality care. Laboratory compliance: federal and state regulation; quality control programs, safety, procedure manuals, instrument maintenance logs, correlation analysis. Complete laboratory evaluation. Free POL assessment. 312/882-4526.

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

FOR A QUALITY DĒFENSE

THE EXCHANGE BUILDS A STRONG DEFENSE TEAM WITH THE PHYSICIAN DEFENDANT, DEFENSE COUNSEL AND EXCHANGE STAFF.



We know your professional reputation is at stake. You can count on the Exchange for superior advocacy service.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians since 1976.

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

WI IL417L
V.2 NO.17 1990
C.D1--------SEQ: SP0063601
TI: ILLINOIS MEDICINE

A leader in medical education looks back and ahead . . 9

Illinois Medicine

August 17, 1990

ILLINOIS STATE MEDICAL SOCIETY

College students need shots before hitting the books

UNDER ILLINOIS LAW, all students entering college who were born after Dec. 31, 1956, must either receive all childhood immunizations except for polio or provide proof of previous immunizations. During this back-to-school season, the state's physicians should expect an increase in the rate of immunization requests from college-age individuals.

Ralph March, the Illinois Department of Public Health's (IDPH) immunization program section chief, stressed the importance of immunizing college students in preventing further outbreaks of infectious diseases in Illinois, especially measles. "A lot of viruses are imported to Illinois by out-of-state or -country students enrolling in Illinois universities. These students could easily introduce a virus, challenging the immune status of all Illinois children."

Students are allowed one semester to comply with the state law, which applies only to four-year post-secondary educational institutions.

Amendment would exempt commuter students

Legislation passed by the Illinois General Assembly this spring would amend the law, changing the current immunization exception from individuals enrolled in one class a term or semester to students enrolled less than half-time. The amendment would also exempt commuter students. The bill passed both houses in late June and was sent to Gov. James R. Thompson July 25.

"We are trying to encourage the governor to ... veto this amendment," March said. "Commuter students are just as susceptible as residential students. This measure would really weaken our effort and make the program less cost-effective." ▲

Significance of data debated

Cost containment group looks at Illinois Caesareans, notes wide variation in rates

ILLINOIS' CAESAREAN section rate remains lower than the national average, but might be lowered further through a combination of efforts, a state-supported cost-containment agency reported last month.

For three years ending in 1988, the C-section delivery rate in the state's hospitals held steady at about 22 percent, below the 25 percent U.S. average, the Illinois Health Care Cost Containment Council (IHCCCC) reported. But IHCCCC officials said at a July 24 press conference in Chicago that disparities among different Illinois hospitals' C-section rates demonstrate that the

(continued on page 2)

Caesarean sections in Illinois hospitals, 1986-1988
Average total charge by delivery category for women aged 10-50

Delivery category	Year 1986	1987	1988
Vaginal, no complications	$1,833	$1,950	$2,086
Vaginal, complicated	$3,001	$3,213	$3,419
Caesarean, no complications	$4,081	$4,271	$4,634
Caesarean, complicated	$5,774	$6,149	$6,503

Source: Illinois Health Care Cost Containment Council, 1990

Chicago blackout fails to dim west side hospitals' activity

A JULY 28 FIRE at a Commonwealth Edison generating station knocked out power to some 40,000 residents on Chicago's west side and forced the four hospitals in the blackout area to use emergency generators, flashlights and open windows to cope with the darkness and heat. But physicians and patients took the power outage – the most widespread in Chicago in six years – in stride, and rode out the crisis successfully.

Most patients at Loretto Hospital were unaware of the blackout until they saw television reports about it the following morning, according to Bill Rohrich, Loretto's assistant vice president of support services. "We really had no problems," he said. "Commonwealth Edison called us about 11:15 Saturday evening [about an hour after the blaze began] and asked us to start up our generator."

Loretto Hospital was also affected by a second, smaller outage Aug. 5, but Rohrich said the hospital's back-up generator allowed it to maintain normal operations.

The timing of the July 28 blackout "was a blessing for all the hospitals because that's a [time of] holding pattern for patients, since most of them are asleep," said Luella Rill, vice president of patient care services at Mt. Sinai Hospital and Medical Center.

(continued on page 18)

Edgar names impaired driver proposal advisory committee

by Kevin O'Brien

REACTING TO CRITICISM of his recently announced plan to allow family members to report relatives whose physical conditions may impair their driving abilities, Illinois Secretary of State Jim Edgar has appointed an advisory committee to study the matter.

"Frankly, I am surprised at some of the opinions expressed about the proposal," Edgar said in an August 1 press release announcing the committee appointments. "Forty-three states – including all of our neighboring states – already have similar laws or rules that allow state officials to act when concerned family members notify them about possibly impaired drivers."

(continued on page 18)



Wm. Daniels/The Photo Partners

Boyd E. McCracken, M.D., serves on the impaired drivers advisory committee.

In this issue

Provident process advances . . 3
ISMS launches contracting handbook 5
Case in point 6
Rural health clinic program seeks improved access 10
Failure of northwest suburban IPA creates problems 12
IDPA program helps MDs . . . 14
Downsized prenatal program gets additional support 15

0807 IM
NATIONAL LIBRARY OF MEDICINE
TSD - SERIALS
8600 ROCKVILLE PIKE
BETHESDA MD 20894
********** 3 DIGIT SCF 208

Caesarean section rates

(continued from page 1)

rates at some institutions are excessive and should be trimmed.

"It's difficult to explain the wide percentage variability of Caesareans from hospital to hospital," said Kenneth J. Morrissey, an IHCCCC member and the manager of employee benefits at the FMC Corp. in Chicago, in announcing the study results. "For example," noted Morrissey, "Caesarean rates (as a percentage of normal deliveries) vary from 5 percent to 38 percent at various hospitals throughout the state." The study compiled comparative statistics across a number of variables, including individual hospital, health service area and diagnostic resource group (DRG) category. The group is providing its results to hospitals, chiefs of medical staffs and chairmen of obstetrical departments.

A "more in-depth study" planned

"We know it costs quite a bit more for a Caesarean than for a vaginal birth, but I think the issue goes much deeper than that," John R. Noak, IHCCCC executive director, told *Illinois Medicine*. "Under what circumstances is the risk justified? I think there are many circumstances under which a Caesarean is indicated medically and is the best procedure. Our concern is with those cases in which a Caesarean is not medically justified."

The report, titled "The Caesarean Birth Rate: Illinois Trends 1986-1988," stated, "Caesarean births accounted for 40.1 percent of the total charges for hospital newborn deliveries, even though they only accounted for 22.4 percent of the total deliveries during 1988."

Noak told *Illinois Medicine* that he is evaluating a grant proposal from the U.S. Public Health Service that would allow the IHCCCC and Rush University to "go from the statistical analysis we did to a more in-depth study." He added that the proposal includes "an in-depth literature review to talk about some of the reasons for Caesareans to date, and an in-depth analytic study, and on the basis of that, developing some proposals that may make sense in terms of reducing the numbers of non-essential Caesareans." The proposal would require the approval of the IHCCCC board.

"The Caesarean birthrate is sort of a barometer ... of what is going on," said Denise M. Oleske, Ph.D., co-author of the study. "I'm not entirely convinced that age and complications alone predict the Caesarean birthrate," said Dr. Oleske, an assistant professor of health systems management at Rush-Presbyterian-St. Luke's Medical Center in Chicago. She added that one of the most interesting inconsistencies in the study occurred in teaching hospitals, which she said "have a significantly higher rate of births with complications; but adjusting for the [case] mix, why is it they still have a low C-section rate?"

Among the factors Dr. Oleske hypothesized as possible explanations for this were "better manpower" and "certain guidelines and protocols in place" at such hospitals, where, for example, the chairman of the medical staff may review cases.

Some skepticism expressed over significance of data

But some physicians were quick to note that the study was purely statistically based, and that like earlier studies by the IHCCCC and by organizations like Blue Cross/Blue Shield of Illinois (BCBSI), such compilations offer no direct clinical insights to care.

"These data are a preliminary indication to physicians and hospitals that their C-section rates may vary from the norm," said Warren H. Staley, M.D., a Chicago obstetrician/gynecologist and Illinois State Medical Society trustee for the Third District. "In many instances there will be relatively simple explanations, but physicians may wish to undertake more extensive review to understand the causes where circumstances warrant.





Norbert Gleicher, M.D. (left), called hospital review programs "essential" for C-sections. Warren H. Staley, M.D., said the IHCCCC data need more extensive review.

"Clearly, the data require further analysis by physicians before any definitive judgments can be reached," continued Dr. Staley. "Also, I haven't seen any figures provided thus far that would give us a basis for what an ideal level of C-sections would be. An OB service that has a very low census, for example, may not provide a meaningful percentage rate in this context."

In response to such concerns, Noak explained, "We have in many ways taken the same approach to date as [BCBSI] in developing data. When you talk about the type of work that we do at the cost containment council, we just pinpoint areas of potential problems. It's difficult for a physician or a group of physicians to know what's going on statewide or in other communities," he continued. "I view it as our task to provide the kinds of data that hospital administrators, physicians and others can use to deal with these problems."

Some hospitals have already implemented programs to evaluate and control C-section frequency. Mt. Sinai Hospital and Medical Center, which had the lowest rate in Chicago in 1988 (11.99 percent), in 1986 instituted what Noak characterized as "an aggressive program to control Caesarean procedures."

"It is certainly important for an [OB/gyn] department that the interest come from the [department] head," said Norbert Gleicher, M.D., chairman of Mt. Sinai's OB/gyn department. At Mt. Sinai, he said, "We established a very detailed peer review process: every non-emergency C-section requires a second opinion, and every C-section is reviewed and discussed by the whole department in monthly conferences." In addition, the department's data management system "allows ... every physician [to] know his or her C-section rate in comparison to his or her peers." Dr. Gleicher called such programs "essential for all hospitals. Without this [kind of] program," he concluded, "I do not believe the necessary changes would take place." ▲

Physician Facts

Prevalence of states requiring licensing and quality assurance by type of ambulatory provider facility

TYPE OF PROVIDER	STATES REQUIRING LICENSING	ILLINOIS LICENSE REQUIRED?	LICENSING PROGRAMS WITH QUALITY ASSURANCE REQUIREMENTS	ILLINOIS QUALITY ASSURANCE PROGRAMS?
Alcohol and drug abuse center	42	✓	42	✓
Ambulatory care center	10		9	
Ambulatory psychiatric center	20		18	
Ambulatory surgical center*	41	✓	38	✓
Cancer treatment (chemotherapy)	0		0	
Cancer treatment (radiation)	0	†See below	0	
General diagnostic center	3		3	
Diagnostic imaging center	3		3	
Emergency center	4		2	
Home health care	38	✓	33	✓ **
Hospice care	28	✓	22	
Independent clinical lab	25	✓	24	✓
Pain control center	0		0	
Rehab. center (comprehensive)	10		8	
Rehab. center (specialized)	4		3	

* The Illinois ambulatory surgical treatment center (ASTC) law defines an ASTC as any location or place primarily devoted to surgery, i.e., more than 50% of procedures performed are surgically related. An example of this would be a physician's office where cardiac catheterizations represent more than 50% of procedures performed.

** Does not include private duty nursing.

† Equipment and personnel are regulated by the Illinois Department of Nuclear Safety.

Source of data: General Accounting Office, 1987 data released 1990; Illinois Department of Public Health; Illinois Department of Nuclear Safety



Wm. Daniels/The Photo Partners

Director Jim White (left) coaches actors Billy O'Hare and Joanne Sylvestrak on the set of the upcoming Illinois State Medical Society (ISMS) 30-second public service announcement. The spot, called "Good Luck Piece," was produced for the ISMS "Partners for Health" campaign, which is encouraging better communication between seniors and physicians. The PSA is scheduled to air on television stations statewide in late September.

Illinois Medicine **(ISSN 1044-6400 and USPS 005-244) is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.**

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

Thompson cites last condition for Provident acquisition

by Kevin O'Brien

COOK COUNTY'S ACQUISITION of Provident Hospital is contingent on the county's board of commissioners adopting an operating budget for the facility, Gov. James R. Thompson said on Aug. 6.

But a board member said adopting an operating budget now may be illegal because the county cannot assume Provident's operations until January 1992 at the earliest. The South Side Chicago facility has been closed since September 1987.

In a letter to Cook County Board President George Dunne, Thompson said that U.S. Housing and Urban Development (HUD) Secretary Jack Kemp will transfer the hospital's title to the state for the price of $1 once the budget is approved.

"The state intends to transfer this facility immediately to Cook County upon receipt of the title from the secretary," Thompson informed Dunne. "My only condition is the one the secretary specified and that I know you are committed to: that Provident will be operated as a primary health care facility, accessible to people in need of health care regardless of income."

Kemp had stipulated the county receive a certificate of need (CON) before he would transfer title. The Illinois Health Facilities Planning Board voted July 12 to award the CON despite staff concerns regarding the county's planned financing and service to medically underserved areas. Kemp wrote Thompson on Aug. 3 that he was specifying the budget condition to ensure the county's pledge for future financial support of the hospital.

The county said in its CON application that it plans to reopen Provident as a 275-bed general care facility on or about Jan. 1, 1992. Republican Commissioner Carl R. Hansen said that state law prohibits the board from either increasing the appropriation for the current fiscal year, or approving an operating budget for a future fiscal year.

Renovation budget to be proposed

"I would say we will prepare a request for funding for rehabilitation of the facility to submit for board consideration within the next 10 days," said Dunne, acknowledging that approving an operating budget is difficult. "But we do need a budget for rehabilitation (of the facility), and I have checked with the (HUD) office and they agree with me on this process."

A HUD spokesman said that as long as the state and the county continue their good-faith effort to reopen Provident, "I am positive the secretary would be helpful. The goal is to reopen the hospital."

Receipt of the title would permit the county to proceed with an estimated $19.7 million in renovations, with interest charges adding another $1.5 million to the total project cost, according to the CON application. The county proposes to issue bonds to finance the project once renovations are complete, and to borrow the needed funds in the meantime.

Once Provident is opened, CCH officials are projecting a $24.8 million operating deficit in fiscal year 1992 and an FY 1993 deficit of $34.9 million, to be offset through county tax subsidies. By FY 1994, the projected deficit rises to $59.3 million.

Meanwhile, the New Provident Community Hospital Association, which has been trying to acquire Provident since its closure, is seeking an injunction against issuance of the CON. A complaint filed Aug. 7 in Cook County Circuit Court says an injuction is warranted because the county did not have ownership or a leasehold interest in Provident when the CON was granted, as required by state law. ▲



Wm. Daniels/The Photo Partners

Efforts continue to acquire Provident Hospital, which has been closed since 1987.

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

MANAGED CARE NETWORK

Effective August 1, 1990, Blue Cross and Blue Shield of Illinois (BCBSI) began offering to its employees a new product called Managed Care Network (MCN).

BCBSI employees who enroll in MCN will select a participating MCN provider within 30 miles of where they live and/or work. MCN providers consist of two types:

- A medical group — physicians practicing out of the medical facility,

and

- An IPA (Individual Practice Association) — physicians practicing out of their individual offices.

In addition to choosing a Medical Group or an IPA, a Primary Care Physician (PCP) will also be selected. The PCP's responsibility is to coordinate medical care, hospitalizations, and referrals to specialists. In order for MCN members to receive the higher level of benefits, all services rendered to MCN members must be provided or approved by the PCP.

MCN members always have the option of seeing non-participating physicians at any time they wish. Services, however, will be paid at the lower level of benefits.

The MCN subscriber can be identified by an "M" prefix in the group number and by the unique MCN identification card.

If you have any questions concerning the Managed Care Network, please call (312) 938-6600.

(This report is a service to the physicians of Illinois)
8/17/90

Editorials

Caesarean sections: statistics and a standard of care

It would be easy to draw simple conclusions from statistics: take the case of the recent Illinois Health Care Cost Containment Council (IHCCCC) study on Caesarean sections. IHCCCC's three-year study of Illinois hospital C-sections found that individual hospitals' rates for the procedure varied considerably.

One might easily jump to the conclusion that any hospital with a rate on the "higher side" of the median for this procedure is simply performing too many C-sections. But reality is more complex than that. Even the IHCCCC itself agrees it must look further for the root causes of the rate variability, which might range from varying patient bases and patient preferences to the liability-related pressures associated with practicing defensive medicine.

While the IHCCCC's concern over the cost of Caesarean sections is understandable, we urge careful consideration of the data involved and a strongly clinical approach to the issue. Intelligently conceived and administered review programs can help address the issue of protocols for performing Caesarean sections, but statistically based studies alone are only a first step.

Physicians, seniors and citizens

For a number of years, a perception has developed among some that older Americans and physicians are at loggerheads over medical and social issues. That perception is fed every time seniors' organizations and organized medicine are seen as "squaring off" over seniors' medical care.

But thoughtful seniors and thoughtful physicians know that the concerns that unite the two groups are far more numerous than any that might divide them; to begin with, there are many Americans who fall into both categories. This summer, two recently retired Illinois physicians proved the point, when they attended the American Association of Retired Persons (AARP) biennial meeting as delegates (See story, page 8).

In their AARP involvement, these individuals are proving that physicians can have an impact on how physician and senior groups interact. And they are demonstrating that physicians can use the unique insights gained from the practice of their profession to benefit the shaping of public policy. In fact, the Illinois State Medical Society House of Delegates has encouraged physician participation in senior groups for this reason. It's time more physicians got involved in such organizations – in doing so, we advance the progress of democracy. ▲

Illinois Medicine

VOLUME 2, NUMBER 17 **AUGUST 17, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Ginny Thiersch, Editor
Mark M. Hagland, Managing Editor
Carla J. Nolan, Associate Editor, Production and Graphics

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



"How's Doctor Data Entry doing?"

President's Column

The time to give your time is now



James H. Andersen, M.D.

The spring 1990 session of the Illinois General Assembly probably won't be remembered as a breakthrough one for physicians or organized medicine. The focus during the session remained largely tied to budgets and money issues. But among the legislation passed this spring was a bill the state's physicians can really rejoice in.

S.B. 1736, which supporters expect Gov. Thompson to sign, provides civil immunity to physicians providing medical care in community-based free clinics. Its stipulations are that the care cannot involve general anesthesia or an overnight hospital stay, and that the care must not involve any payment.

In a move to respond to the crisis in indigent care, lawmakers endorsed the bill as a good way to encourage physician participation in such care. It had faced potential opposition from the plaintiffs' trial bar, but any objections seemed to evaporate in committee hearings, when physicians and other health care professionals testified to the benefits of free clinics for their communities. With that endorsement, it sailed out of committee and through the legislature.

Now Illinois physicians have clear and comprehensive protection when they give their time to serve the medically indigent. For a number of years, many have worried about the impact on their malpractice insurance coverage of providing such a service to the community, and have made special provisions with their insurers to cover their exposure.

With the passage of S.B. 1736, there is now a very positive incentive for individual physicians to provide community-based free-clinic care. But what's in it for you as an individual?

First and foremost, of course, is the pure satisfaction. Physicians already participating in free clinics report a sense of pride and enjoyment. It's just a great feeling to know that every time you provide even the most basic care, you're taking care of individuals who otherwise would face extremely difficult paths to care.

Second is the strengthening of community ties. The sense of sharing that takes place in whole communities when physicians, other health care professionals, civic leaders and citizens pull together for the common good is palpable. Previous issues of *Illinois Medicine* have reported on just such efforts in places like Rockford, Joliet and Chicago.

In every case we've known about, the strong communal effort required to establish these clinics has enhanced relations among providers and the community and helped citizens to see the good things physicians are doing locally. Individual physicians and medical organizations are sometimes (wrongly) perceived as being isolated from the larger society. Community-based free care easily refutes that perception.

Finally, participation marks a step forward in the bigger picture. We as a nation and a society are confronted with a growing crisis in health care for the poor. Every effort counts, and sometimes ostensibly small efforts turn out to be the ones that matter most. It's rewarding to know that every time you provide even the most basic of care, you're contributing to the elimination of medical indigence at a grassroots level.

It's clearly a good time to start investigating community-based free-clinic care. You owe it to yourself and to others; and you'll be glad you did. ▲

James H. Andersen, M.D.
President

Before you sign it!

by Judee Gallagher

A QUESTION FREQUENTLY asked of me both in my private law practice and when I conduct seminars for the Illinois State Medical Society (ISMS) is, "Can you give me a list of the good HMO and PPO contracts as well as a list of the ones to avoid?" To guide you in this area, ISMS is publishing a plain-language book on the subject for physicians and their advisers.

The result of this effort is *Before You Sign: A Physician's Guide To Provider Contracts.* You will now have a ready reference source to help you understand what the dollars and "sense" issues are. It is a good step toward leveling the playing field in contract negotiations. Physicians need to be more interested in and capable of actively negotiating their contracts than ever before.

Included in *Before You Sign* are chapters about important liability and patient-care issues. Where does the liability fall when an HMO patient is injured and a malpractice lawsuit is filed? How do you protect yourself from accepting liability that otherwise would not be yours and that is not covered by your insurance? What is specifically excluded from coverage in your policy? If both you and your contractor are sued for malpractice, who may be seen as the "deep pocket"?



Single copies of Before You Sign: A Physician's Guide To Provider Contracts *are available to ISMS members at no charge. For your copy contact the ISMS Division of Health Care Finance, (312) 782-1654 or (800) 782-ISMS.*

What should you tell your patient when your contractor will not authorize your recommended medical treatment? What is your duty as your patient's advocate under prior authorization programs? What is your "standard of care" for referrals?

Perhaps contracting with payors is all new to you and you are not really clear about what an HMO or PPO is. Maybe you want to know how IPAs work and what your risks are in joining one. Or maybe you should know what to watch for in the new "point of service" plan contracts. Answers to these questions can be found in *Before You Sign.*

There are also chapters explaining what you need to know about how you are paid. Included is a series of questions and answers that will guide you through the maze of capitated arrangements.

What is price-fixing? What is an unlawful group contract? You will want to avoid these antitrust violations that can result in criminal prosecution and civil penalties that can easily reach millions. You will also get an idea of whether the non-competition agreement contained in your employment contract is legal.

There are 11 chapters in all, including explanations of how to investigate HMOs using financial statements available from the Illinois Department of Insurance, what you should ask about utilization review programs, and how to avoid being misled by amendment and termination clauses. ▲

Ms. Gallagher is a private practice attorney based in Chicago who represents physicians in health care matters. She is the author of Before You Sign: A Physician's Guide To Provider Contracts *and was counsel to the former ISMS Office of Contractual Services.*

Letters to the Editor

Summit policy research group position clarified

Your extended coverage of the Chicago and Cook County Health Care Summit is greatly to be commended. You captured the energy the issue generated at the [Illinois] Senate hearing very well, but somehow my position was inaccurately reported in two important respects.

First, the Health and Medicine Policy Research Group recommends a board with administrative control of a network of outpatient clinics in Cook County. Second, the board would not have taxing power, but would receive all city and county monies presently allocated to outpatient services.

Quentin D. Young, M.D.
Chicago

Editor's note: Dr. Young chaired the summit's Health and Medicine Policy Research Group.

Optometrists and therapeutic drugs

I have been following the dispute between the optometrists and the ophthalmologists in regards to the efforts of the optometrists to gain the legal status of prescribing therapeutic as well as diagnostic topical ocular drugs *(Illinois Medicine,* April 13).

Although I am not an ophthalmologist, I certainly have a vested interest in this dispute. My vested interest is the health and safety of my patients. No doubt that optometrists do many things well, but they are not able to think as a physician does in terms of the entire patient.

To me, as an allergist, this is absolutely frightening, and I think of all the systemic reactions and interactions that will occur if the optometrists ever obtain what they are looking for. Certainly topical eye medications get into the systemic circulation, as we well know. Let's make sure the legislators are aware of how serious and dangerous this situation is.

Robert W. Boxer, M.D.
Skokie

HMOs and informed consent

I read your article (May 11) entitled "HMOs found liable for malpractice." The author is Judee Gallagher.

She discussed that there may be a problem with HMO relationships with their patients because they do not disclose the financial incentives that the HMO presents to physicians to limit the amount of medical care being provided.

This sounds to me like a failure to obtain "informed consent."

We physicians and surgeons must obtain informed consent from our patients prior to performing surgical procedures, and also prior to starting medications that have potential side effects. It seems proper to me that an HMO should obtain informed consent from the people that they enroll.

These patients should realize that, if they come up with some extremely rare disease, they will not be able to go to the Mayo Clinic or Massachusetts General Hospital and have any of their care paid for. They should also realize that specialist and subspecialist consultations may be difficult to obtain, and that MRI and CAT scans may be limited to them.

Why don't HMOs have to obtain an informed consent from their patients? It seems to me they should.

Neil Ross, M.D.
Sycamore

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

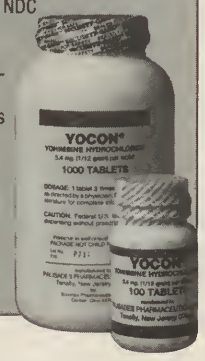
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE
707 South Wood Street
Chicago, IL 60612
ACCME Accredited

September — December, 1990

- ☐ Neurosurgery Symposium
  September 14 - 16, 1990
- ☐ Specialty Review in Dermatology
  September 17 - 21, 1990
- ☐ Specialty Review in Infectious Disease
  September 24 - 28, 1990
- ☐ Specialty Review in Pulmonary Disease
  September 24 - 28, 1990
- ☐ Specialty Review in Hematology
  October 1 - 5, 1990
- ☐ Specialty Review in Nephrology
  October 1 - 5, 1990
- ☐ Specialty Review in Rheumatology
  October 1 - 5, 1990
- ☐ Current Clinical Neurology: A Comprehensive Review
  October 22 - 26, 1990
- ☐ Current Trends in Cardiology
  October 22 - 24, 1990
- ☐ Essentials of Geriatrics for Everyday Practice
  October 25 - 26, 1990
- ☐ Specialty Review in Obstetrics and Gynecology: Practical Aspects
  October 28 - November 3, 1990
- ☐ Specialty Review in General Surgery, Part I
  October 29 - November 5, 1990
- ☐ Sports Medicine for the Primary Care Physician
  November 7 - 9, 1990
- ☐ Flexible Fiberoptic Sigmoidoscopy
  November 10, 1990
- ☐ Advances in Internal Medicine, 1990
  November 12 - 15, 1990
- ☐ Clinical Decision-Making
  November 16 - 17, 1990
- ☐ Advances in Anatomic and Clinical Pathology
  December 3 - 9, 1990
- ☐ Psychotropic Medications: Do's and Don'ts in Everyday Practice
  December 7 - 8, 1990

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____

Address _____

City _____

State _____ **Zip** _____

Call toll-free today!
1-800-621-4651

by Carol Brierly Golin

If these were your patients, how would you have handled these cases?

Case #1

Presenting complaint and initial diagnosis – A 28-year-old married mother of two went to her family doctor for a regular checkup. The physician performed a routine examination and found her in good health. However, at the end of the visit, the woman mentioned that over the last few months she had experienced transient tenderness in her right breast. She said she could not find any lump, but she was concerned that a problem was developing.

The case in brief – The physician re-examined the woman's breasts, but could not detect any lumps. He also checked axillary and other adjacent lymph nodes. He reassured her she had nothing to worry about, but advised her to perform a careful monthly self-examination of her breasts and to report any changes she noted. He did not order a mammogram or schedule a follow-up appointment. Four months later, the patient called for another visit, still expressing concern about tenderness in her right breast. On this visit, the physician ordered a mammogram; its findings were negative. Again, he told the patient not to worry and suggested that the tenderness was the result of cystic mastitis. Two months later, six months from the first complaint, the woman sought care from a surgeon, who palpated a thickening mass in the right breast. A biopsy confirmed the presence of a breast malignancy, and a radical mastectomy of the right breast was performed. Tissue examination revealed metastasis to several lymph nodes. Although the woman subsequently underwent radiation and chemotherapy, her long-range prognosis was not good.

The resulting claim – The woman sued the family physician for failure to timely diagnose and treat breast cancer, failure to refer to a specialist and failure to perform appropriate diagnostic tests, which decreased her chance of survival.

The outcome of the claim – The family physician testified that his care had been appropriate and that breast cancer was not typically found in such a young woman. He also argued that the mammogram he eventually ordered had not revealed any pathology. The physician was quite certain that no liability would be found and he refused to make a settlement. However, after an emotional trial, the jury awarded the young mother, now terminal, $375,000.

Case #2

Presenting complaint and diagnosis – A 37-year-old advertising copywriter went to an obstetrician-gynecologist because she believed she had detected a lump in her left breast. She said she was fearful she might develop breast cancer because her mother had succumbed to the disease. The physician performed a careful examination of both breasts and of all adjacent lymph nodes, but could not palpate any mass. He noted in the chart that he had difficulty performing the examination because the woman was overweight with heavy breasts. He advised the patient that she return in a month for an examination. She did not make another appointment for three months because she took an extended European vacation. On the second visit, the OB/gyn did detect a tiny lump in the left breast where the patient said she thought she felt a mass. He ordered a mammogram, which, although equivocal, suggested the presence of an abnormality. He then ordered a breast biopsy, which was positive for a malignancy. Surgery was performed, and radiation and chemotherapy were administered. Four years later, the woman appears free of the disease.

The resulting claim – The woman sued the OB/gyn for failure to diagnose breast cancer and sought substantial damages for emotional pain and suffering.

The outcome of the claim – The physician testified that he had followed the appropriate standard of care in following up on the woman's case and that her own failure to return for a timely second examination contributed to the delay in diagnosis. He admitted no negligence. The case was settled before trial for $95,000.

The points these cases make – Contrary to traditionally accepted views, a new study suggests that the incidence of breast cancer in younger, premenopausal women under age 50 may be much higher than expected. The Physician Insurers Association of America (PIAA), in reporting the findings of a recent evaluation of 273 breast cancer claims paid over a 15-year period, said it found a high incidence of delayed diagnosis in women under 40.

"Women under 40 made up 40 percent of the claimants in the study and accounted for nearly 60 percent of the total indemnity paid out during the period," said Ivan Neubauer, M.D., a San Jose, Calif. general surgeon and one of the four study investigators.

"Breast cancer is generally thought to be less common in women in this age group. This study indicates that physicians should maintain a high index of suspicion of cancer when treating young women," Dr. Neubauer noted.

According to the PIAA study, the most common reason given for delayed breast cancer diagnosis in the cases studied was that the examination findings failed to impress the physician.

"The patient most commonly found the lesion in 69 percent of the claims studied," the investigators said. They suggested that physicians listen carefully to their patients and order appropriate follow-up studies.

Somewhat surprisingly, 36 percent of all claimants had a negative mammogram report. Another 19 percent had equivocal findings. Even though mammography techniques have improved over the 15-year period in which the study was conducted, the PIAA study team suggested that if a mammogram is equivocal, further testing may be warranted in diagnosing breast cancer in women of all ages. The study noted that diagnosing a mass in women under age 40 is especially difficult because these women have a higher density of breast tissue.

Some basic risk management thoughts emerge from the PIAA study:

•Be alert to breast cancer possibilities in young women.

•Teach patients to carefully perform monthly breast self-examinations and to quickly report any unusual lumps, swellings, pain, tenderness or discharge.

•When a patient does present with a report of a possible breast lump or abnormality, pay close attention to what the patient has to say and investigate and follow up the complaint.

•Perform a careful physical examination and, if any question exists, order a mammogram.

•If the mammogram is negative, ask the patient to return for another physical examination soon. If necessary, order another mammogram.

•A positive mammogram calls for an immediate biopsy. If results of any mammogram are equivocal, also consider ordering a breast biopsy.

•Review the patient's history. Is there breast cancer in the family? This should raise a red flag and suggest continuing surveillance of such patients, especially those who report a possible lump, swelling, thickening, discharge, pain or tenderness in a breast.

•As always, keep a careful, continuing record of care provided, with an explanation for its rationale. This includes detailed physical examination findings and results of all other diagnostic tests, plans for followup, and instructions to patients about scheduling return visits.

•If a patient is advised to return to the office in a specified time and she fails to do so, contact the patient and try to schedule an appointment. If the patient does not appear, note this in the chart and send the patient a letter describing the possible harmful consequences of failure to seek care elsewhere.

The PIAA investigative team concluded: "Once a patient presents with a [breast] problem, regardless of her age, the physician should treat the complaint seriously and pursue all methods available in making a diagnosis." ▲

De Lee helps bring obstetrical care into the 20th century

WHEN JOSEPH B. DE LEE graduated from medical school in 1891, the sum of his obstetrical experience was watching two deliveries through opera glasses from a high seat in the anatomy amphitheater of Cook County Hospital in Chicago – and he was one of the more experienced interns of his era. Obstetrics was considered a vulgar specialty, and abler medical students felt it beneath them to study it.

1 5 0

But Dr. De Lee was determined to bring reform to maternity health care. In 1895, he established a lying-in dispensary, followed a few years later by the founding of a small hospital on Chicago's near west side (the forerunner of the University of Chicago Lying-In Hospital), where Dr. De Lee continued his pioneering work in Caesarean sections.

Controversy was to be Dr. De Lee's constant companion. In 1933, he made his first open attack on the general hospital maternity ward in the *Journal of the American Medical Association (JAMA)*. He stressed the danger of infection to new mothers in a hospital where all types of diseases were treated and doctors rushed from one ward to another. He concluded that home delivery, "even under the poorest conditions, is safer than hospital delivery, if the hospital is a general one without adequate isolation procedures." He insisted maternity wings should be completely separate from the rest of the general hospital if the nation were ever to overcome mortality rates that were reaching scandalous heights during the 1930s.

The *JAMA* article and others like it set off criticism that in time prompted changes. Chicago Health Commissioner Herman Bundesen joined the attack on the laxity of obstetrical standards, and soon afterward the Maternal Welfare Commission was formed. The commission spurred development of new regulations for Chicago hospitals, calling for better isolation facilities and improvements in hospital standards, personnel and equipment.

In *Medicine In Chicago, 1850-1950,* Thomas N. Bonner writes that some of Dr. De Lee's contemporaries argued subsequent improvements in maternal and infant mortality rates were due solely to the introduction of antibiotics. Whatever the actual reason, Dr. De Lee's main objective had been accomplished. At his death in 1942, few disputed his stature as one of the world's leading obstetricians. ▲



Illinois State Historical Library

Joseph B. De Lee, M.D., campaigned for obstetrical care reform.

NEWS CAPSULES

Members in the news

Henri S. Havdala, M.D., of Lincolnwood, a fellow of the American Society of Anesthesiologists, received the 1990 Illinois Society of Anesthesiologists' (ISA) Distinguished Service Award. The award is presented annually to a physician or scientist who has made outstanding contributions to the ISA and/or the field of anesthesiology in Illinois. Dr. Havdala was ISA president from 1976 to 1977, and has served on a variety of ISA committees. He has been a member of the Illinois State Medical Inter-Insurance Exchange Board of Governors since 1977. ... **Kenneth G. Eggen, M.D.**, of Chicago, was recently named the state's chief medical coordinator by the Illinois Department of Professional Regulation (IDPR). Since 1987, Dr. Eggen has been IDPR's medical coordinator for Chicago and northern Illinois; he is also a permanent member of the Illinois Medical Disciplinary Board complaint committee. He is a clinical assistant professor of surgery at the University of Illinois College of Medicine in Chicago. ▲



Illinois physicians bring medical perspective to AARP convention



Joseph R. O'Donnell, M.D. (left), and Edward K. DuVivier, M.D., attended the biennial convention of the American Association of Retired Persons.

LIFE BEGINS AT 40, according to an old saying. But to the 33 million members of the American Association of Retired Persons (AARP), life, or at least membership in the nation's oldest and largest senior citizen group, begins at 50. And as two Illinois physicians are demonstrating, the mature years can be a time of volunteerism and making contributions to society outside the immediate practice of medicine.

Joseph R. O'Donnell, M.D., an Oak Brook family physician, and Edward K. Du Vivier, M.D., a retired Alton pediatrician, were among the 13 Illinois delegates to the AARP biennial convention, held earlier this summer in Orlando, Fla.

A variety of health care concerns, including funding, quality of care, Alzheimer's disease and advance directives for terminal care, were addressed at the convention. And the Illinois physicians provided the gathering with their perspectives as members of the medical community.

"People are interested in volunteerism, and it just so happened I fit into the role," said Dr. O'Donnell recently, when asked about his decision to become involved in the senior citizen group. Dr. O'Donnell has also volunteered his time in recent months providing care on two Indian reservations in rural Iowa.

Drs. Du Vivier and O'Donnell agreed that doctors wishing to get involved in senior citizen groups should do so as early as possible. "If physicians start early they can work through the process of being assigned effective committee work," Dr. O'Donnell said. "[Physicians] should really get involved at the local level," Dr. Du Vivier added. "They should make speeches to older groups; they should try to explain their point of view.

"Older people are having a very hard time meeting the costs of medical care," he continued. "[We] can have a tremendous involvement in the patient partnership, getting an exchange of ideas and discussion as much as possible at the grassroots level." Dr. Du Vivier had been elected as an alternate to the convention, but he became a voting delegate when another Illinois delegate could not attend. Delegates to the AARP's biennial convention are selected by a nominating committee and approved by voting members, with the number of delegates from each state based on the ratio of state members to national membership.

Physicians' role at convention important

Dr. O'Donnell, a member of the AARP ad hoc committee on Medicare and Medicaid, provided opinions on such topics as health care financing and policy. He feels he is well-versed in these issues because of his participation in Illinois State Medical Society activities and his 16 years' experience as an American Medical Association delegate and alternate. "I think that the role of the physician is important," Dr. O'Donnell said. "I think it was a little unique having physicians there talking."

"There were a few other doctors in the meetings, but we were definitely in the minority," Dr. Du Vivier recalled of the gathering. Among the items debated at the convention was a resolution that the AARP promote universal health care in the United States. "The push was to have medical care available to everybody, and not only to control the cost of medical care but to have the network ... provided by the government," Dr. Du Vivier said. "The general feeling was [that funding will be accomplished] with increased taxation, that it was a necessity to provide at least basic health care to everybody, and probably through the federal government," he added.

Dr. O'Donnell's experience volunteering his services in rural Iowa was helpful during discussions of rural health issues. "It may be different in various states, but having seen [the rural health situation] firsthand recently, I am much impressed by some of the problems," he said. The AARP's 1990 public policy agenda includes support for incentives to encourage physicians and nurses to practice in rural areas and for an equitable Medicare reimbursement structure for rural practice. ▲

The Johns Hopkins University School of Medicine
Department of Emergency Medicine

presents



Third Annual
Written Boards in Emergency Medicine:
A Comprehensive Review

October 27 - November 2, 1990
Baltimore, Maryland

This seven day program is designed to provide a **comprehensive review** of the fund of knowledge necessary to **enable successful completion of the certification examinations** offered by the American Board of Emergency Medicine (ABEM). The official complete schedule of examination dates is available from the ABEM. Candidates for whom this course may be most helpful are those scheduled for: written recertification examination on November 4, 1990, written initial certifying examination on November 5, 1990, or the oral initial certifying examination on January 27-30, 1991. This course is recommended for both the established physician-in-practice and the physician who has recently completed residency training. It is anticipated that course participants will be near completion of a self-directed plan of study. Some written board candidates have chosen to begin their plan of study a year in advance by taking this course, others appreciate a **structured** and **systematic review** just **days prior to the written certifying exam.**

Our **curriculum** is designed based primarily on the "core content" in Emergency Medicine which was developed jointly by the American Board of Emergency Medicine and the American College of Emergency Physicians. **Allocation of lecture time** for specific areas has been determined by the relative weight of content areas as delineated by the ABEM for examination purposes. The program **objectives** are to enable registrants to: review and reinforce the **organization and comprehension of the essentials** of the core curriculum in Emergency Medicine, **refine test taking skills,** gain the psychological edge to be at your 'peak performance' on the examination day, and enhance your clinical skills for improved patient care.

The response to our course offering in the past has been most gratifying. **We** have **listened to** the **feedback** provided by prior registrants and course faculty, and this led to several new features. This year we will include a formal didactic session on preparation for the oral exam. Additionally, **elective** opportunity for private **oral board preparatory tutorials** and **small group oral board simulation** will be available during the program. The underlying philosophy of our program is unchanged and our primary focus will remain the written board exam candidate. There are many resources from which to learn the information suggested by the core content curriculum. Among them are Rosen's Textbook of Emergency Medicine, the ATLS/ACLS manuals and numerous other texts, monographs and journals. This year we have chosen to present the core content information in a format that correlates organizationally with the text, Emergency Medicine: A Comprehensive Study Guide - American College of Emergency Physicians, edited by Tintinalli, Krome and Ruiz. Finally, we have added a three component special session which will provide practical suggestions and strategies on **how to achieve optimal performance on your examination day.**

A variety of **instructional formats** are utilized which will allow each registrant to gain the most from this program. **Formal lectures**, a comprehensive **'syllabook'** (which is mailed to you in advance), a total of over 1000 single answer multiple choice **"pretests questions"** for self assessment purposes administered prior to each half day lecture session, **self teaching laboratory** which is open 14 hours daily, **faculty panel** question/answer **discussions** following each half day session, **x-ray view box displays, PEER IV review sessions,** and **elective oral board practice/tutorial sessions** will be available for enhancement of your preparation.

The **teaching faculty** consists exclusively of emergency medicine physicians who have taken the written board and are noted for their interest and expertise in teaching. We are fortunate to have retained almost all of the best received 1989 faculty and several outstanding additional faculty members from community practices, academic institutions throughout the country and the Johns Hopkins Medical Institutions.

Registration will be limited. Plan now to join us in the fall.

GUEST FACULTY

James L. Baker, MD, MPH, FACEP
Edward Balgiano, MD, FACEP
Robert A. Barish, MD, FACEP
Georges C. Benjamin, MD, FACEP, FACP
Edmund Bolton, MD, FACEP
Brian Browne, MD, FACEP
Dominick Catalano, MD, FACEP
Richard Edlich, MD, PhD
Randy S. Ellis, MD, FACEP
Beverly Fauman, MD, FACEP
Charles A. Garfield, PhD.
Keith T. Ghezzi, MD
Georgina Groleau, MD, FACEP
Edith L. Hambrick, MD, FACEP
Martin C. Hellman, MD, FACEP, FAAP
Robert Hoffman, MD
Ronald L. Krome, MD
Robert L. Levine, MD
Jonathan Olshaker, MD, FACEP
Joseph Ornato, MD, FACC
Thomas Pellegrino, MD
Carol S. Rivers, MD, FACEP
Daniel T. Schelble, MD, FACEP
Mark Smith, MD, FACEP
J. Stephan Stapczynski, MD, FACEP

JOHNS HOPKINS FACULTY

Louise Andrew, MD, FACEP
Timothy Buchman, MD, PhD
Julie Casani, MD, MPH, FACEP
William Fabbri, MD, FACEP
Gabor Kelen, MD, FRCP(C), FACEP
Horace K. Liang, MA, MD, FACEP
Christopher Morrow, MD, FACEP
Kathryn A. Reihard, MD
J. Andrew Sumner, MD, FACEP
John Wogan, MD, FACEP
Thomas Kirsch, MD, MPH

Keith T. Sivertson, MD, FACEP
Director, Department of
Emergency Medicine

Carol Jack Scott, MD, MSEd, FACEP
Program Director

For Further Program Information: Office of Continuing Education, The Johns Hopkins Medical Institutions
Turner 20, 720 Rutland Avenue, Baltimore, Maryland 21205-2195, (301) 955-2959

Dr. White: a pioneer in family practice education

IN THE TWO decades since family practice was recognized as a medical specialty, Fred Z. White, M.D., has been at the forefront of family physician education in Illinois. His academic efforts have been recognized by the Illinois Academy of Family Physicians (IAFP), which recently named him its 1990 Family Physician Teacher of the Year.

In nearly four decades in organized medicine, Dr. White has received many awards and earned the respect of colleagues and students. And though he has retired from full-time family practice, Dr. White, chairman of the Board of Governors of the Illinois State Medical Inter-Insurance Exchange, the state's oldest and largest physician-owned malpractice insurer, says he still has many things he would like to accomplish in medicine.

"I feel absolutely great about it," says Dr. White of the award, which he received July 26 during the IAFP annual meeting in Lincolnshire. "It's a culmination of everything I've tried to do in my career, and it's wonderful to have this recognition." The award recognizes distinction in teaching family medicine and family practice. Earlier this year, Dr. White received the Interstate Postgraduate Medical Association's Edwin S. Hamilton Teaching Award at the Illinois State Medical Society (ISMS) annual meeting.

"He is one of the pioneers in the state of Illinois in family practice education as we know it today," says Dean R. Bordeaux, M.D., vice president of medical affairs at Methodist Medical Center and associate professor of family practice at the University of Illinois College of Medicine in Peoria. Dr. Bordeaux is a co-founder with Dr. White of the center's Family Practice Residency Program, of which Dr. White is director.

Dr. Bordeaux and Eugene P. Johnson, M.D., ISMS immediate past president, nominated Dr. White for the award. "There are few physicians more competent than Dr. White," Dr. Johnson says. "He has considered part of his obligation teaching younger physicians, and I am happy to see the art and practice of medicine in the community carried over to the Family Practice Residency Program."

As an educator, Dr. White tries to teach his students to look at long-term care, adopting a sense of responsibility for patients and cultivating an outlook geared to preventive medicine. In an age of increasing specialization in medicine, Dr. White feels the family physician plays a leading role in guiding patient care. "... Family practice is primary care, and that's the point of entry for most patients," he says. "The family practitioner then becomes the manager of that care, the guide through the medical maze for patients. ..."

Dr. White's teaching style wins high marks from students at all levels, according to Dr. Bordeaux, who adds that Dr. White's commitment to education included earning a master's degree in medical education from Bradley University.

"I learned from Dr. White more than just textbook medicine," says John K. Miller, M.D., a Peoria family physician who performed his clerkship under Dr. White. "I learned to look at patients as people, rather than as diseases."

Student loan fund an accomplishment

Dr. White feels his greatest accomplishment in organized medicine has been the establishment of the ISMS Student Loan Fund, which has loaned $685,000 to 342 students.

"One of our obligations is to pass on to others what we've learned, and to allow [students] to continue to practice," Dr. White says. "That's what the student loan fund has done." Dr. White donated the $500 he received from the Edwin S. Hamilton Teaching Award (the award is presented to a distinguished teacher and practicing physician) to the student loan fund.



Wm. Daniels/The Photo Partners

Fred Z. White, M.D., and IAFP President Charles S. Colodny, M.D., with Dr. White's plaque.

Dr. White recently retired from family practice in Chillicothe, where he has treated as many as five generations of some families. He and his wife, Judy, recently moved to Peoria, where he maintains a busy schedule that includes his work with the Family Practice Residency Program and with the Exchange.

To what does the 66-year-old physician attribute his success? "Just staying with it; not just looking at the trees but looking at the forest," Dr. White says. "I really feel the long-term view is very important. And it's not that I'm doing any specific things, it's just that many of the things I've been doing are worthwhile. ... And if they're worth doing, they're worth doing well." ▲



Because safety cannot be taken for granted in H_2-antagonist therapy

AXID®
nizatidine

Minimal potential for drug interactions

Unlike cimetidine and ranitidine,[1] Axid does not inhibit the cytochrome P-450 metabolizing enzyme system.[2]

Swift and effective H_2-antagonist therapy

- *Most patients experience pain relief with the first dose[3]*
- *Heals duodenal ulcer rapidly and effectively[4,5]*
- *Dosage for adults with active duodenal ulcer is 300 mg once nightly (150 mg b.i.d. is also available)*

References
1. *USP DI Update, September/October 1988, p 120.*
2. *Br J Clin Pharmacol 1985;20:710-713.*
3. *Data on file, Lilly Research Laboratories.*
4. *Scand J Gastroenterol 1987;22(suppl 136):61-70.*
5. *Am J Gastroenterol 1989;84.769-774.*

AXID®
nizatidine capsules

Brief Summary. Consult the package literature for complete information.

Indications and Usage: 1. *Active duodenal ulcer*—for up to eight weeks of treatment. Most patients heal within four weeks.
2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than one year are not known.

Contraindication: Known hypersensitivity to the drug. Use with caution in patients with hypersensitivity to other H_2-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.
2. Dosage should be reduced in patients with moderate to severe renal insufficiency.
3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.
Laboratory Tests—False-positive tests for urobilinogen with Multistix® may occur during therapy.
Drug Interactions—No interactions have been observed with theophylline, chlordiazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.
Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.
Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.
In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.
Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.
Pediatric Use—Safety and effectiveness in children have not been established.
Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.
Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of Axid.
Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.
CNS—Rare cases of reversible mental confusion have been reported.
Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.
Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H_2-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.
Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.
Hypersensitivity—As with other H_2-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H_2-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.
Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

PV 2098 AMP [091289]

Additional information available to the profession on request.

Lilly **Eli Lilly and Company**
Indianapolis, Indiana
46285

NZ-2924-B-049310 ©1990, ELI LILLY AND COMPANY

Axid® (nizatidine, Lilly)
Axid® (nizatidine, Lilly)
Axid® (nizatidine, Lilly)

Federal health clinics program brings care to rural areas

by Mary Delach Leonard

ILLINOIS HEALTH CARE officials and providers say establishing more federally certified rural health clinics would improve access to care in rural areas while increasing Medicare and Medicaid reimbursement to providers.

The Rural Health Task Force, formed by Lt. Gov. George Ryan, recommended in April that the Illinois Department of Public Health (IDPH) promote the federal Rural Health Clinic Act and provide technical assistance to providers in meeting certification requirements.

Under the Rural Health Clinic Act, enacted in 1977, Medicare and Medicaid reimbursement diverge from the traditional payment system. Once a clinic is certified, Medicare and Medicaid pay a flat "encounter fee" for each patient visit. The fee is determined by dividing the clinic's projected annual operating costs by the expected number of patients – up to a $49 maximum.

Requirements for certification as a rural health clinic include:

- The clinic must be in a rural medically underserved area or a health manpower shortage area.
- The clinic must be under the medical direction of a physician.
- A nurse practitioner or physician assistant must be available to furnish patient care services at least 50 percent of the time the clinic operates.
- The clinic must provide the normal services offered by a primary care physician, plus nine basic laboratory tests, such as urine, blood and pregnancy tests.
- The clinic must have documented agreements for referrals.

Funding, certification seen as barriers

Presumably, the benefits of the act will become increasingly evident as more clinics are established. In the meantime, providers expressed dissatisfaction with the act's bureaucratic process.

"This is an excellent option for medically underserved rural areas," said Al Grant, director of the IDPH Center for Rural Health. "It provides an opportunity for local providers to become certified for the purpose of enhancing their reimbursement and, in addition to that, it is expanding the number of providers by utilizing mid-level practitioners."

Although the act was passed more than 10 years ago, there is only a handful of federally certified rural health clinics in Illinois. But Grant said an increase about three years ago in the reimbursement rate should make participation more attractive to providers.

Providers, however, say another problem is the certification process – a bureaucratic tangle involving IDPH, the federal Health Care Financing Administration and other federal agencies – that can take up to nine months to complete.

"The certification process needs to be streamlined and there needs to be a stronger role for the state," said George O'Neill, director of the Shawnee Health Service and Development Corp., which operates federally funded community health centers in Murphysboro, Carterville, Carbondale, Cobden and Grand Tower in southern Illinois.

"The benefit is a higher level of reimbursement – and that means more physicians will find practice in rural areas desirable," he added.

O'Neill said his centers, which had been certified under the Rural Health Clinic Act, have since switched to a new federal program.

IDPH offers advice, networking

Mary Ring, a staff member of the Center for Rural Health, said IDPH offers ideas and advice for meeting the certification requirements and will also put providers in touch with existing rural health clinics.

She said legislation is being considered to limit the certification process to 90 days, and a proposal has been made to give the states more authority.

James P. Durham, M.D., a general surgeon whose Benton rural health clinic was the first to be certified in the state, noted that a clinic must be operating before it can be certified.

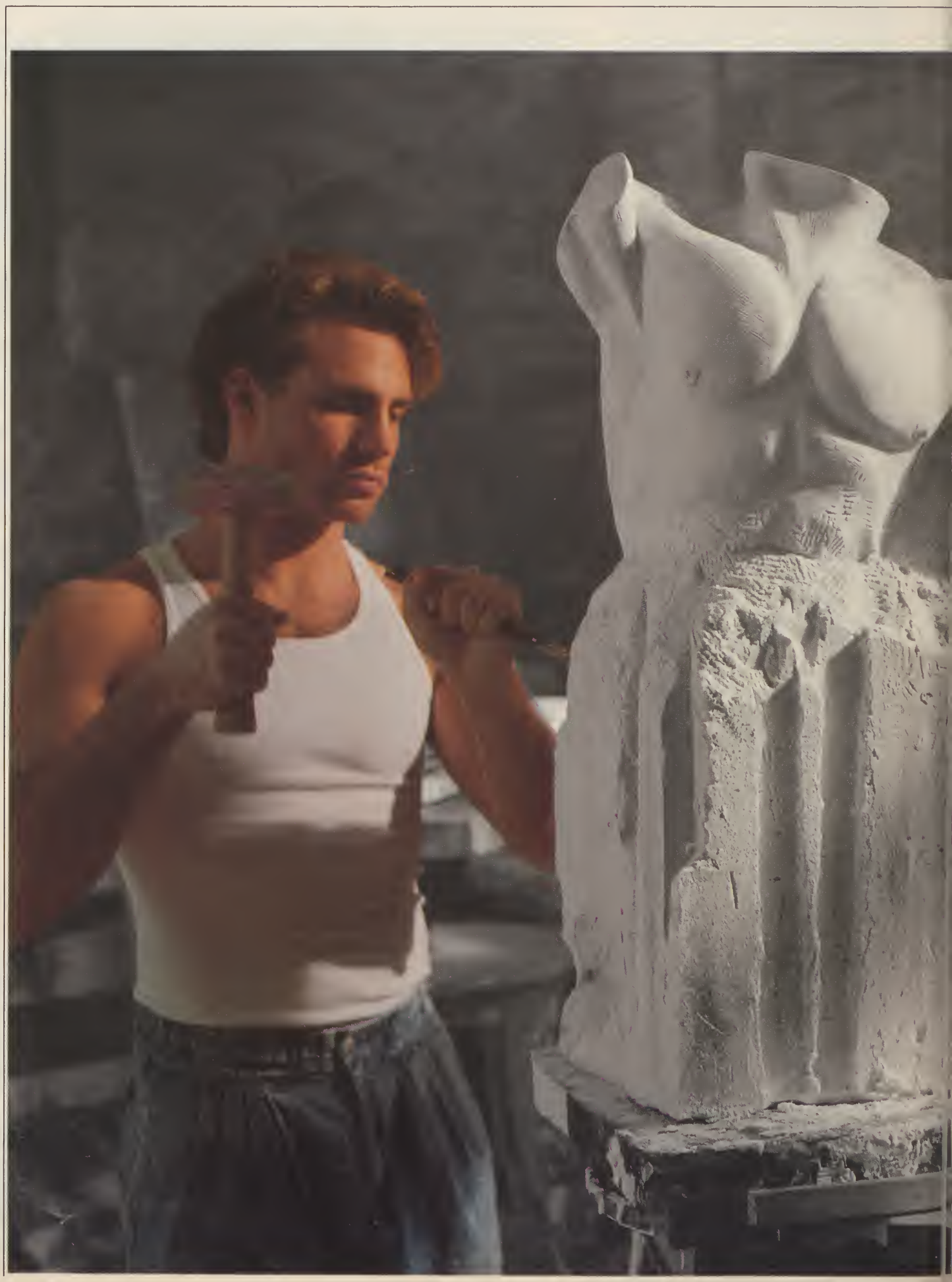
"It takes a capital investment of about $200,000. That's why there aren't more rural health clinics," he said.

Dr. Durham noted that Medicare and Medicaid patients make up about 70 percent of the patient population in his area; that fact provided the impetus for his starting a rural health clinic there. He now operates two other clinics in southern Illinois and is opening a fourth. He said that though dealing with all the rules and regulations is complicated, it is worth it because it is the only way for physicians to be reimbursed fairly.

"No one who runs a rural health clinic is sacking up money and taking it to the bank. But we can provide top-level primary care to people in our communities," he said.

That the act requires a clinic to employ either a nurse practitioner or a physician assistant is also at issue. But O'Neill said most family physicians in southern Illinois already employ mid-level practitioners to increase productivity and contain costs.

"It is a prudent way to practice in rural areas," O'Neill said. ▲



Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

****Andrew**
George W. Andrew, M.D., of Oak Park, died December 1, 1989 at the age of 80. Dr. Andrew was a 1934 graduate of Loyola University Stritch School of Medicine, Chicago.

****Brandstadt**
Wayne G. Brandstadt, M.D., of Chicago, died December 1, 1989 at the age of 90. Dr. Brandstadt was a 1924 graduate of Rush Medical College, Chicago.

***Christian**
Celia S. Christian, M.D., of Chicago, died December 29, 1989 at the age of 29. Dr. Christian was a 1985 graduate of Wayne State University School of Medicine, Dayton, OH.

***Cowen**
Jack P. Cowen, M.D., of Scottsdale, AZ, formerly of Chicago, died December 5, 1989 at the age of 83. Dr. Cowen was a 1932 graduate of Rush Medical College, Chicago.

***Dutka**
Edward A. Dutka, M.D., of Aurora, died December 15, 1989 at the age of 51. Dr. Dutka was a 1964 graduate of Loyola University Stritch School of Medicine, Chicago.

Eastham
Ocal Eastham, Jr., M.D., of Auburn (formerly of Clinton) died November 5, 1989 at the age of 54. Dr. Eastham was a 1960 graduate of the University of Illinois College of Medicine, Chicago.

****Fox**
Robert G. Fox, M.D., of Chicago, died December 3, 1989 at the age of 81. Dr. Fox was a 1938 graduate of the University of Illinois College of Medicine, Chicago.

****Frank**
Richard Frank, M.D., of Chicago, died December 29, 1989 at the age of 80. Dr. Frank was a 1934 graduate of Medizinische Fakultaet der Universitaet Hamburg, Hamburg, Germany.

***Freedman**
Melvin Freedman, M.D., of Granite City, died December 27, 1989 at the age of 64. Dr. Freedman was a 1953 graduate of the University of Tennessee College of Medicine, Memphis.

Gifford
Thomas G. Gifford, M.D., of Aurora, died November 12, 1989 at the age of 47. Dr. Gifford was a 1973 graduate of Southern Illinois University School of Medicine, Springfield.

****Gillesby**
William J. Gillesby, M.D., of Des Plaines, died November 24, 1989 at the age of 84. Dr. Gillesby was a 1932 graduate of the University of Illinois College of Medicine, Chicago.

****Hagerty**
Cornelius S. Hagerty, M.D., of Raleigh, NC, formerly of Chicago, died December 24, 1989 at the age of 86. Dr. Hagerty was a 1932 graduate of Rush Medical College, Chicago.

***Hays**
Edward Parker Hays, M.D., of Champaign, died November 23, 1989 at the age of 64. Dr. Hays was a 1948 graduate of the University of Illinois College of Medicine, Chicago.

****Hoffman**
Samuel J. Hoffman, M.D., of Chicago, died December 26, 1989 at the age of 86. Dr. Hoffman was a 1927 graduate of the University of Illinois College of Medicine, Chicago.

Holm
Benton Holm, M.D., of Enfield, NH (formerly of Moline) died November 15, 1989 at the age of 83. Dr. Holm was a 1933 graduate of Northwestern Medical School, Chicago.

****Koszyk**
Jan Koszyk, M.D., of Chicago, died December 16, 1989 at the age of 79. Dr. Koszyk was a 1935 graduate of Akademia Medyczna, Krakow, Poland.

Neckermann
Edwin R. Neckermann, M.D., of Elmhurst, died November 15, 1989 at the age of 82. Dr. Neckermann was a 1934 graduate of Rush Medical College, Chicago.

***Nelson**
Harold H. Nelson, M.D., of Aurora, died November 25, 1989 at the age of 72. Dr. Nelson was a 1943 graduate of the University of Illinois College of Medicine, Chicago.

***Paez**
Jorge E. Paez, M.D., of La Grange Park, died December 28, 1989 at the age of 67. Dr. Paez was a 1948 graduate of Facultad de Medicina de la Universidad de La Habana, Havana, Cuba.

****Pauker**
Norbert Pauker, M.D., of Chicago, died November 4, 1989 at the age of 96. Dr. Pauker was a 1920 graduate of the University of Illinois College of Medicine, Chicago.

Perlman
Susan G. Perlman, M.D., of Chicago, died December 8, 1989 at the age of 40. Dr. Perlman was a 1973 graduate of Northwestern University Medical School, Chicago.

****Phillips**
M. Alice Phillips, M.D., of Mattoon, died December 11, 1989 at the age of 95. Dr. Phillips was a 1925 graduate of Rush Medical College, Chicago.

***Reddi**
Kanamatareddy T. Reddi, M.D., of Oak Brook, died November 19, 1989 at the age of 48. Dr. Reddi was a 1965 graduate of Andhra Medical College, Andhra University, Visakhapatnam, India.

***Roark**
Paul Roark, M.D., of Longboat Key, FL (formerly of Peoria), died November 15, 1989 at the age of 74. Dr. Roark was a 1941 graduate of the University of Illinois College of Medicine, Chicago.

Weisburg
Harry Weisburg, M.D., of Highland Park, died November 7, 1989 at the age of 85. Dr. Weisburg was a 1929 graduate of the University of Michigan Medical School, Ann Arbor.

THINK EFFECTIVE. THINK SELDANE.®

Maximum on-the-job relief
from the first dose through the season

SELDANE®
(terfenadine) 60 mg tablets BID
for seasonal allergic rhinitis
Starts fast and lasts



© 1990, Merrell Dow Pharmaceuticals Inc.

Before prescribing Seldane, please see Brief Summary of Prescribing Information, which appears on the reverse side.

Seldane®
(terfenadine) 60 mg Tablets

BRIEF SUMMARY
CAUTION: Federal law prohibits dispensing without prescription.

DESCRIPTION
Seldane (terfenadine) is available as tablets for oral administration. Each tablet contains 60 mg terfenadine. Tablets also contain, as inactive ingredients: corn starch, gelatin, lactose, magnesium stearate, and sodium bicarbonate.

INDICATIONS AND USAGE
Seldane is indicated for the relief of symptoms associated with seasonal allergic rhinitis such as sneezing, rhinorrhea, pruritus, and lacrimation.

CONTRAINDICATIONS
Seldane is contraindicated in patients with a known hypersensitivity to terfenadine or any of its ingredients.

PRECAUTIONS
Information for patients: Patients taking Seldane should receive the following information and instructions. Antihistamines are prescribed to reduce allergic symptoms. Patients should be questioned about pregnancy or lactation before starting Seldane therapy, since the drug should be used in pregnancy or lactation only if the potential benefit justifies the potential risk to fetus or baby. Patients should be instructed to take Seldane only as needed and not to exceed the prescribed dose. Patients should also be instructed to store this medication in a tightly closed container in a cool, dry place, away from heat or direct sunlight, and away from children.

Carcinogenesis, mutagenesis, impairment of fertility: Oral doses of terfenadine, corresponding to 63 times the recommended human daily dose, in mice for 18 months or in rats for 24 months, revealed no evidence of tumorigenicity. Microbial and micronucleus test assays with terfenadine have revealed no evidence of mutagenesis.

Reproduction and fertility studies in rats showed no effects on male or female fertility at oral doses of up to 21 times the human daily dose. At 63 times the human daily dose there was a small but significant reduction in implants and at 125 times the human daily dose reduced implants and increased post-implantation losses were observed, which were judged to be secondary to maternal toxicity.

Pregnancy Category C: There was no evidence of animal teratogenicity. Reproduction studies have been performed in rats at doses 63 times and 125 times the human daily dose and have revealed decreased pup weight gain and survival when terfenadine was administered throughout pregnancy and lactation. There are no adequate and well-controlled studies in pregnant women. Seldane should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic effects: Seldane is not recommended for nursing women. The drug has caused decreased pup weight gain and survival in rats given doses 63 times and 125 times the human daily dose throughout pregnancy and lactation. Effects on pups exposed to Seldane only during lactation are not known, and there are no adequate and well-controlled studies in women during lactation.

Pediatric use: Safety and effectiveness of Seldane in children below the age of 12 years have not been established.

General: Consideration should be given to potential anticholinergic (drying) effects in patients with lower airway disease, including asthma.

ADVERSE REACTIONS
Experience from clinical studies, including both controlled and uncontrolled studies involving more than 2,400 patients who received Seldane, provides information on adverse experience incidence for periods of a few days up to six months. The usual dose in these studies was 60 mg twice daily, but in a small number of patients, the dose was as low as 20 mg twice a day, or as high as 600 mg daily.

In controlled clinical studies using the recommended dose of 60 mg b.i.d., the incidence of reported adverse effects in patients receiving Seldane was similar to that reported in patients receiving placebo. (See Table below.)

ADVERSE EVENTS REPORTED IN CLINICAL TRIALS

Adverse Event	Percent of Patients Reporting				
	Controlled Studies*			All Clinical Studies**	
	Seldane N=781	Placebo N=665	Control N=626***	Seldane N=2462	Placebo N=1470
Central Nervous System					
Drowsiness	9.0	8.1	18.1	8.5	8.2
Headache	6.3	7.4	3.8	15.8	11.2
Fatigue	2.9	0.9	5.8	4.5	3.0
Dizziness	1.4	1.1	1.0	1.5	1.2
Nervousness	0.9	0.2	0.6	1.7	1.0
Weakness	0.9	0.6	0.2	0.6	0.5
Appetite Increase	0.6	0.0	0.0	0.5	0.0
Gastrointestinal System					
Gastrointestinal Distress (Abdominal distress, Nausea, Vomiting, Change in Bowel habits)	4.6	3.0	2.7	7.6	5.4
Eye, Ear, Nose, and Throat					
Dry Mouth/ Nose/Throat	2.3	1.8	3.5	4.8	3.1
Cough	0.9	0.2	0.5	2.5	1.7
Sore Throat	0.5	0.3	0.5	3.2	1.6
Epistaxis	0.0	0.8	0.2	0.7	0.4
Skin					
Eruption (including rash and urticaria) or itching	1.0	1.7	1.4	1.6	2.0

*Duration of treatment in "CONTROLLED STUDIES" was usually 7-14 DAYS.
**Duration of treatment in "ALL CLINICAL STUDIES" was up to 6 months.
***CONTROL DRUGS: Chlorpheniramine (291 patients), d-Chlorpheniramine (189 patients), Clemastine (146 patients)

In addition to the more frequent side effects reported in clinical trials (See Table), adverse effects have been reported at a lower incidence in clinical trials and/or spontaneously during marketing of Seldane that warrant listing as possibly associated with drug administration. These include: alopecia, (hair loss or thinning), anaphylaxis, angioedema, arrhythmia (including ventricular tachyarrhythmia, torsade de pointes and ventricular fibrillation), bronchospasm, confusion, depression, galactorrhea, hypotension, insomnia, menstrual disorders (including dysmenorrhea), musculoskeletal symptoms, nightmares, palpitation, paresthesia, photosensitivity, prolonged QT interval, seizures, sweating, syncope, tachycardia, tremor, urinary frequency, and visual disturbances. In clinical trials, several instances of mild, or in one case, moderate transaminase elevations were seen in patients receiving Seldane. Mild elevations were also seen in placebo treated patients. Marketing experiences include isolated reports of jaundice, cholestatic hepatitis, and hepatitis; in most cases available information is incomplete. In neither the clinical trials nor marketing experience is a causal relationship of liver abnormalities to Seldane use clear.

OVERDOSAGE
Information concerning possible overdosage and its treatment appears in Full Prescribing Information.

DOSAGE AND ADMINISTRATION
The usual dosage for adults and children 12 years and older is 60 mg (1 tablet) twice daily.
Product Information as of January, 1990 Y460D
MERRELL DOW PHARMACEUTICALS INC.
Cincinnati, Ohio 45215, U.S.A.

Merrell Dow

90-1236-02 MNT-026 MDA 085A

QCA bankruptcy leaves northwest suburban physicians in the lurch

By Diane Dannenfeldt

WHEN QUALITY CARE Associates Ltd. (QCA) shareholders voted to bankrupt the independent practice association (IPA) in late May, it owed at least $1.5 million to its creditors, according to one source.

The number of physicians participating in the Hoffman Estates-based IPA had fallen to 45 from a peak of 70, and the group had only two remaining contracts – with Michael Reese Health Plan and Chicago Health Maintenance Organization (HMO) – from a group of nine that had included American HMO, Compass Health Care Plans, Complete Health Care Corp., MetLife Health Care Network of Illinois, MultiCare HMO, Now Care Corp. and the now-defunct Humana Health Plan.

The experience has been a bitter lesson for participating physicians, who lost at least $30,000 each in unpaid reimbursement from the IPA, according to a former QCA board member who asked to remain anonymous.

In a mid-May memo to shareholder physicians, Joseph H. Horwitz, QCA's general counsel, cited the financial burden of full-risk capitated arrangements with HMOs and "the extremely high out-of-group referral situation" as factors contributing to IPA's inability to pay its own providers, outside bills and ancillary charges. The need to declare bankruptcy was prompted "due to the high utilization as well as the apparent inability to adjust to the managed health care environment," according to the memo.

The IPA's biggest contract, which provided only specialists for Michael Reese's primary-care facility in Schaumburg, was never a problem, Horwitz said. The contract, originally with PruCare, "dropped 10,000 patients on our doorstep literally overnight," he said.

The contract provided a capitated monthly fee for required specialty services, which QCA subcapitated to pay participating specialists. With QCA's dissolution, Michael Reese plans to contract with individual specialists for these services.

Capitated total-care contracts blamed

The problem came, Horwitz said, with capitated, total-care contracts for HMOs. "We just couldn't convince the primary-care physicians to stop referring out of the system," he said. "And that forces you to pay the referral doctors 100 percent of their fees, instead of referring internally, where we had discounted agreements (of 70 percent or 80 percent) with all of the specialties."

Overutilization was out of control among some physicians, the former board member said. "One group of physicians was spending as much as $20,000 a month for referrals," he said, "when the total amount of money coming in to take care of their patients was less than $10,000, including their capitation."

Reimbursement to the outside specialists sometimes came closer to 170 percent than 100 percent of the internal rate "because their charges were unreasonably high," he said.

The IPA's financial problems began at least three years ago, the former board member said, when QCA was four or five months behind on paying bills, owed hundreds of thousands of dollars to its own and outside physicians, and began falling a couple of months further behind each year.

QCA physicians had no controls over utilization and took the attitude that, "We're good doctors, so we'll have good utilization. We don't have to watch. We don't need to do anything other than bill for service," he said.

He blames the IPA's hired managers for not developing better financial tracking systems and the physicians for not insisting that the tracking systems be developed. "There were no financial data kept other than which bills they were able to pay at the moment," he said. "They had no idea how much they were spending and what they were spending it on, or even which doctors were doing outside referrals."

Internal gatekeepers seen as solution

One solution to the overutilization problem, Horwitz and the former board member agree, is to develop a system of internal gatekeepers. "If we had it to do over again, we would put economic sanctions on physicians for unauthorized referrals out of the group," Horwitz said.

The IPA tried in 1989 to correct past mistakes by placing primary-care physicians under a capitated system and then halting capitation to those whose referral rates were too high. At the same time, QCA dropped contracts with several HMOs that didn't pay high enough reimbursement rates or offered a poor case mix.

"Things improved considerably in 1989 because we were able to measure what was going on. And for that year, almost all of the specialties did reasonably well, with reimbursement

(continued on next page)

When a second opinion is needed . . .

To ease the referral process . . .

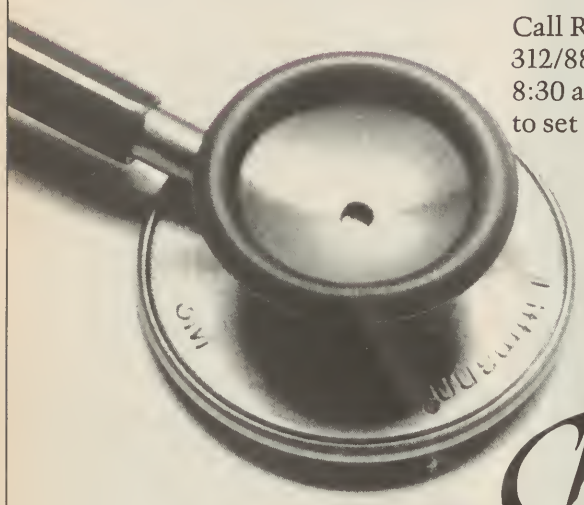


312.880.3832

Call the Diagnostic and Consultation Service of Children's Memorial Hospital

The service is designed for the community-based physician to provide a professional link to the resources available at Children's Memorial Hospital. Consultations are available on *any* pediatric problem.

Call Robert Listernick, M.D., director, at 312/880-3832 Mondays through Fridays from 8:30 a.m. through 5:00 p.m. for a consult or to set up an appointment for your patient.



Children's

The Children's Memorial Hospital, Chicago

FROM THE ILLINOIS
NEWS
DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

MARCH 1990

The physician and surgeon license of Verne Schwager, Arlington Heights, was placed on probation for a period of two (2) years after he sent out letters to patients to request payment for services rendered, using the name of his attorney, without the attorney's knowledge or consent.

The physician and surgeon license of Azhar Saeed, Oglesby, was indefinitely suspended for a minimum of three (3) years and his controlled substance license shall be indefinitely suspended for a minimum of five (5) years after he engaged in nontherapeutic prescribing of controlled substances.

The physician and surgeon license of Donald W. Trepashko, Glenview, was issued and placed on probation for a period of five (5) years.

Nondisciplinary actions

The physician and surgeon license of Patrick Brady, Onaway, Michigan, shall be voluntarily surrendered.

APRIL 1990

The physician and surgeon license of William Howard Shackelford, Cerro Gordo, was SUSPENDED until he sits for and successfully passes the FLEX EXAMINATION PART TWO, which consists of the clinical and patient care portions, followed by a two (2) year period of probation. During the period of probation, Shackelford must complete a minimum of sixty (60) hours of continuing medical education on an annual basis. In addition, his controlled substance license was SUSPENDED until he sits for and successfully completes the FLEX EXAMINATION PART TWO, and shall continue to be suspended for a period of two (2) years after successful completion of said examination, followed by an indefinite period of probation of his controlled substance license. In addition, Shackelford was fined forty-four thousand dollars ($44,000).

The physician and surgeon license of Dwayne Griffin, Okemos, MI, was indefinitely SUSPENDED for a minimum of five (5) years and he is required to pass a medical competency examination prior to any petition for restoration of his license after he was convicted of conspiracy to deal in counterfeit currency in the U.S. Circuit Court, in the state of Michigan.

The physician and surgeon license of Monty P. McClellan, West Jordan, Utah, was indefinitely SUSPENDED for a minimum of five (5) years after he was convicted of two (2) counts of bankruptcy fraud in the United States District Court, Central District of Illinois.

QCA bankruptcy

(continued from page 12)

on the order of 70 to 100 percent of fee-for-service rates," the former board member said.

Unfortunately, these efforts were too little, too late, according to the former board member. "At the end, the physicians were not ready to simultaneously go through the anguish of the loss from what they had done before and adapt to the gatekeeper process," he said. "It was too late for them to accept the gatekeeper and a large financial loss."

How can other IPAs avoid falling into the traps that snared QCA? In addition to making sure strong utilization review exists, Horwitz urges physicians to avoid the risk involved with capitation contracts by seeking fee-for-service or discounted fee schedule contracts with HMOs. These are much more readily available now than they were five years ago when QCA was formed, he said.

The former board member, who has been involved with successful IPAs, notes that financial incentives are essential to controlling physicians' behavior. He also recommends that physicians take an active role in supervising IPAs, meeting monthly to review quality assurance, contracts and financial data, and to agree on how the organization will operate. He discourages using outside experts except as information sources on expected utilization.

Whether it is a physician or a savvy business manager, someone needs to keep an IPA on track and treat it like a business, said Judee Gallagher, a Chicago attorney who represents physicians in health care matters.

"The contract between QCA and its physicians required QCA to submit each payor contract to each physician for approval, although apparently this never happened," Gallagher said.

"When QCA switched from paying specialists on a fee-for-service basis to capitation, the specialists who were financially strapped under the capitation arrangements could have rejected them while still remaining members of QCA, if they so chose," she said. "But most physicians were unaware of their right to pick and choose any payor contract that QCA signed. It is very important for physicians to thoroughly understand their contracts before signing." ▲

The Simple Pleasures

Remember when every major medical plan was like this . . .

NO PRE-APPROVALS

"No pre-approvals," the doctor said. The doctor just as easily could have declared that they were free to go to their favorite doctor *and* the trusty local hospital, with no questions asked. "We also enjoy fast, friendly claims service," added the office manager. "And the PBT's representatives always make me feel like they're on my side." It's not always this easy to find life's simple pleasures . . . great personal service . . . experienced staff used to meeting the needs of physicians and group practices . . . outstanding coverage options . . . and best of all—low group rates. However, it's what you would expect from your medical society's own program. After all, it's just what the doctors ordered!

CHOOSE YOUR OWN DOCTOR & HOSPITAL

FAST FRIENDLY CLAIMS SERVICE

If you're looking for the simple pleasures of a worry-free Office Benefits Program for your practice, you'll love the PBT. Enjoy our Major Medical Plan and your choice of Dental, Life, Disability and Dependent Life coverages.

For information, call toll free: (800) 621-0748. Or call (312) 559-9130 or mail coupon.

Please send information about the Office Benefits Program.

Coverage Includes:
☑ Major Medical

Options:
☐ Dental
☐ Life
☐ Disability
☐ Dependent Life

Office Manager/Contact Person: _____
Practice Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Total Number of Physicians & Staff: _____
ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Provider Outreach Program works to address physicians' public aid problems

A NEW ILLINOIS Department of Public Aid (IDPA) program is sending representatives into the field to get feedback from physicians and to help solve public aid problems. The Provider Outreach Program, begun quietly this spring, is aimed at recruiting and retaining physicians in public aid programs, and at educating office staff about proper billing procedures for public aid cases.

Six outreach workers in regional offices across Illinois complement the central office staff and serve as goodwill ambassadors for IDPA, said Roberta Hardy, chief of IDPA's bureau of comprehensive health services. Before being sent out, the outreach workers received three months of "extensive and intensive" training at the department's Springfield office. Outreach workers stay in contact by telephone with the Springfield office, and meet every two months for discussions and additional orientation.

Physicians with problems may call the outreach worker directly, or the outreach worker may initiate the contact. "We don't limit them," Hardy said. "We've attempted to train them to have sufficient knowledge of the department's programs to be a spokesperson, but to caution them that if they don't know the answer to refer the situation to the central office so we can take a look at it."

IDPA conducted a trial run of the program in 1988 with one representative in southern Illinois, an area in which the department had concerns about access problems. The initial test received such positive physician feedback that public aid officials decided to expand the program to other parts of the state. "Physicians were delighted that they had a face to see and that [IDPA] sent someone to them," Hardy said.

"Our intent is actually twofold – to represent the department as well as to represent the doctors," said Don Copley, a Mt. Vernon-based outreach worker who participated in the trial program. "What we're trying to do is assist the doctors to maximize their reimbursement for covered services to patients who are eligible."

"I think [the program] is good," said a Quad Cities physician. "At least it's somebody we can talk to.

"What we need to know from [IDPA] is if they reject the form they tell us what was wrong with it," the physician added.

Clearing up misconceptions

The outreach workers' recruitment function includes dispelling misconceptions physicians may have about IDPA, according to Hardy. "Maybe they had a bad encounter in getting a bill paid and they just threw up their arms and said, 'I'm not going to deal with public aid anymore,' " she said. "The outreach worker can say, 'Here's what our program is like today and I'm here, I can help you.' "

When outreach workers enter a new territory, they contact the county medical society, public health department and local public aid office to understand the area's problems, Hardy said. The rapport between the workers and the county medical societies has been excellent, she added, and said several county medical societies have worked with outreach workers to set up educational seminars.

IDPA's intent "is actually twofold – to represent the department as well as to represent the doctors"

Seminars have been held recently in Joliet, Champaign and Rockford, and others are planned.

James A. Koch, executive vice president of the Rock Island County Medical Society, cited an example of how a local outreach worker helped a physician's office that had billed $6,000 in public aid care but received only $700 in reimbursement. He said IDPA found that the claims had been filled out correctly, but that a technical problem in Springfield was the source of the mix-up. "Until the person goes to Springfield and finds this out, the doctors get discouraged with public aid," Koch added.

Ronald Batozech, executive secretary of the Will-Grundy County Medical Society, said the area's outreach worker, Tom McGinnis, has attended local meetings on access to care problems. McGinnis was happy to see that provider groups were recognizing the access problem, Batozech added, and were taking steps to alleviate it.

Batozech called the IDPA program "a step in the right direction. It does not totally resolve all the problems," he added, "but we're going the right way."

While there are no plans at this time to expand the program to the Chicago area, Hardy said physicians with questions from Chicago – and across the state – can call the central office in Springfield.

"The six who are out there can't do it all," Hardy said. "So we have additional staff here whose job the outreach workers was patterned after." ▲

Contacting the Provider Outreach Program

The Illinois Department of Public Aid (IDPA) Provider Outreach Program assists physicians with problems or questions concerning IDPA programs. The six regional outreach workers are listed below:

Laura Gumble
201 S. Grand Ave. East,
third floor
Springfield, Ill. 62763
(217) 524-7122

Diane Campbell
300 Main St.
Quincy, Ill. 62301
(217) 223-9352

Tom McGinnis
710 Centennial Drive
Ottawa, Ill. 61350
(815) 434-4455

Don Copley
414 E. Main Street
Mt. Vernon, Ill. 62864
(618) 242-4044

Ruth A. Taylor
408 S. Kenwood
Champaign, Ill. 61821
(217) 233-7694

Carolyn Hartjen
3719 N.E. Madison
Peoria, Ill. 61614
(309) 686-6087

The central office number in Springfield is (217) 782-5565.

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER





Terry Vitacco

Left: The DuPage Community Free Clinic shares space in this house in Wheaton with the People's Resource Center food pantry. Right: Clinic Acting Director Carol McHaley.

Family crisis spawned ever-growing DuPage Community Free Clinic

by Kathleen Furore

WHEN DARIEN INTERNIST Charles Ahn, M.D.'s wife, Quimie, was diagnosed with cancer in November 1988, it was a double blow for the Ahn family. Not only were they faced with the frightening prospect of a life-threatening illness, but they were also forced to find and fund Quimie's treatment in the absence of medical insurance. The family's medical and hospital coverage had temporarily lapsed during Dr. Ahn's transition from Frank Cuneo Memorial Hospital in Chicago to the Veterans' Administration Hospital in Marion.

Today, the family wants to discuss neither cancer nor chemotherapy, but rather the DuPage Community Free Clinic, which they founded in 1989 to improve access to care for the county's medically indigent.

Located in Wheaton on the site of the People's Resource Center (PRC), a decade-old not-for-profit social services agency, the DuPage Community Free Clinic was conceived by the Ahns' sons Nicholas and Uri as a result of their family's very personal medical ordeal.

Nicholas and Uri presented the free-clinic concept to their father, who was initially supportive but skeptical. "I thought it would be a good idea to help poor people who can't financially provide medical care for themselves or their families," Dr. Ahn says. "But when a soup kitchen in Chicago turned down our proposal, I gave up. Initially I just didn't put much weight in the idea."

Convinced of the need for a free medical care facility, Quimie, Nicholas and Uri persevered. They contacted Catholic Charities of DuPage County, co-founders of the clinic, who referred the Ahns to the PRC. So in May 1989, in a back bedroom of the home that houses the resource center, Dr. Ahn began treating patients referred by the PRC and the DuPage Community Free Clinic was born.

In addition to providing basic physicals, patient education and treatment for minor acute illnesses by volunteer internists and family physicians, the clinic has developed a growing roster of specialists, including gynecologists, oncologists and surgeons to whom the most seriously ill patients are referred. In addition, the clinic works closely with Central DuPage Hospital in Winfield and Edward Hospital in Naperville; gets free drugs from a variety of pharmaceutical companies; and according to volunteer Andrea Lang, M.D., a Glen Ellyn internist, receives donations of everything from money to medical equipment to mounted pictures for the walls.

Clinic expands to serve a growing number of patients

Clinic operation has expanded from one day a week to three, and the volunteer staff has grown to include 12 physicians and 20 nurses since its inception. The clinic has seen 570 patients in that time, according to PRC Executive Director Dorothy McIntyre.

"The largest [patient] group represented are those people who have no health insurance whatsoever, just as we assumed it would be," McIntyre says. Though patients range in age from newborn to elderly, and many patients are referred to the program from county social service agencies, the majority of the clinic's patients are children, she adds.

"We've seen a lot of sick little kids because parents put off taking them to a doctor," echoes Carol McHaley, the clinic's acting director. "Even if they have insurance it doesn't cover the day-to-day problems ... and that can be difficult for someone living from paycheck to paycheck."

The program's success has produced some growing pains. With more physicians donating their services and only one examining room, space is a problem, according to Stasia Kahn, M.D., a volunteer internist and head of the facility's medical advisory committee. Officials are looking for a permanent home for the clinic and will be approaching the DuPage County Board with such a proposal in the fall.

Although McIntyre admits that "it's not the Mayo Clinic" (the back bedroom still serves as the examining room and doctors write notes while sitting on bare floors), the clinic enjoys a degree of success far beyond that envisioned by everyone involved – particularly its founders.

"This has grown far beyond our expectations," exclaims Dr. Ahn, who now volunteers only once a month but spends considerable time monitoring the progress of patients for whom he has cared.

"Part of why this has grown so rapidly," McIntyre says, "is that it was spearheaded by a doctor who wanted to invest his time and talent in the community. And when other doctors found out about it, they came to help." ▲

DuPage physicians take up slack in county's downsized prenatal program

PHYSICIANS INVOLVED IN the DuPage County Health Department's (DCHD) prenatal program are heeding calls for increased participation in the program after it was forced recently to reduce its enrollment by nearly 50 percent.

The added support means the 30-patients-per-month admission cap imposed in June will be raised "a little bit," said Millie Sweeten, R.N., prenatal program coordinator. James P. Paulissen, M.D., DCHD executive director, said the assistance has come from physicians in the program who have agreed to see more patients, and from some who had dropped out of the program for several months and have decided to accept referrals again.



James P. Paulissen, M.D.

Fifty-four obstetrician/gynecologists in 25 practices are now accepting referrals – roughly half the OB/gyns practicing in the county, according to Sweeten. And 12 family physicians have been seeing prenatal patients considered low-risk and who were admitted into the program early in pregnancy.

"If all the physicians who deliver babies in DuPage County would participate in the program, each would have to take six [patients] a year," Dr. Paulissen continued. "That's our goal, but I know realistically we're never going to have 100 percent participation."

"Since we heard there was a need, we have encouraged [participation] and there have been more volunteers," said E. Eliot Benezra, M.D., president of the DuPage County Medical Society (DCMS). Dr. Benezra added that DCMS has been talking to the obstetrics departments of DuPage County hospitals to try to increase physician participation, and the society has encouraged the DCHD to do the same.

Enrollment in the prenatal program, a joint venture between the DCHD and Loyola University Medical Center in Maywood, was restricted because increasing numbers of patients were straining the program's resources, according to Paul G. Tomich, M.D., director of Loyola's perinatal center. When the program was initiated in 1987, officials anticipated caring for about 200 patients per year. But that number has swelled to the nearly 700 the program would have seen this year without the reduction.

The DuPage County prenatal program provides care for low-income residents unable to obtain physicians. Participants are screened by

(continued on page 17)





Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.
(Formerly The Hardy Group, Inc.)

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

DuPage prenatal program

(continued from page 15)

DCHD and Loyola staff, then referred to an obstetrician or family physician in the county. Patients judged to have medical, obstetrical or surgical problems placing them at high medical risk are referred to Loyola's perinatal center. Loyola had also been accepting the overflow of low-risk patients that participating physicians in DuPage County could not accommodate.

Dr. Tomich refuted media reports saying that Loyola had withdrawn its support from the program. "We did not withdraw our support ... or withdraw from the program altogether," he said. "We still provide services for the high-risk patients who are seen and evaluated and are thought to have problems that warrant specialty care."

Thomas R. Eckman, M.D., a participating Downers Grove OB/gyn, expressed concern following the reduction. "The real impact is that the numbers of patients who will no longer be participating in the program will in general be deprived of prenatal care – period," he said. Physicians must care for the patients they agreed to see through the program, he added, as well as women who have had no prenatal care and deliver in hospital emergency rooms.

Dr. Eckman and his three practice partners annually see about 70 patients from the program in addition to their regular practice, either through referrals or through ER care. "There seems to be a limit that you have to set to your own capacity to participate in a losing proposition," he said. "If we were to accept more and more patients, we would be less capable of surviving and accepting any patients."

Long-term solutions sought

In an effort to reinvigorate the prenatal program, Dr. Paulissen and Sweeten met July 25 with the DuPage Health Planning Council, a volunteer group of business and professional leaders. The DCHD and the planning council have held two meetings so far, and one of the results has been what Dr. Paulissen called a "very productive" discussion with officials from Central DuPage Hospital in Winfield.

The meetings produced a commitment for support from the hospital that has helped to increase the number of program admissions. Dr. Paulissen added, however, that, "We're still not getting at the core of things. We're still looking at the same problems unless we can do something about some of the root problems," which include access to care, low Medicaid reimbursement rates, high malpractice insurance rates and the mistaken belief that public-aid patients are more likely to sue physicians for malpractice.

In addition, Dr. Paulissen has sought the cooperation of DuPage community, business and government leaders in trying to care for a greater number of indigent patients than was anticipated. "We in a government program can only do so much as far as 'lobbying,'" Dr. Paulissen said. "We're a vested interest to some degree; there are constraints."

Two patient-care options that have been suggested by health officials are making use of the DuPage Community Free Clinic in Wheaton and establishing a program in DuPage County similar to Cook County's infant welfare program. "This is a wonderful opportunity for prenatal care," Dr. Benezra said of the community clinic, which opened in May 1989. "We are very impressed by what they are doing and we want to help more." (See story, page 15.) The infant welfare program offers prenatal and postnatal care to low-income families, and helps women find delivery services at local hospitals.

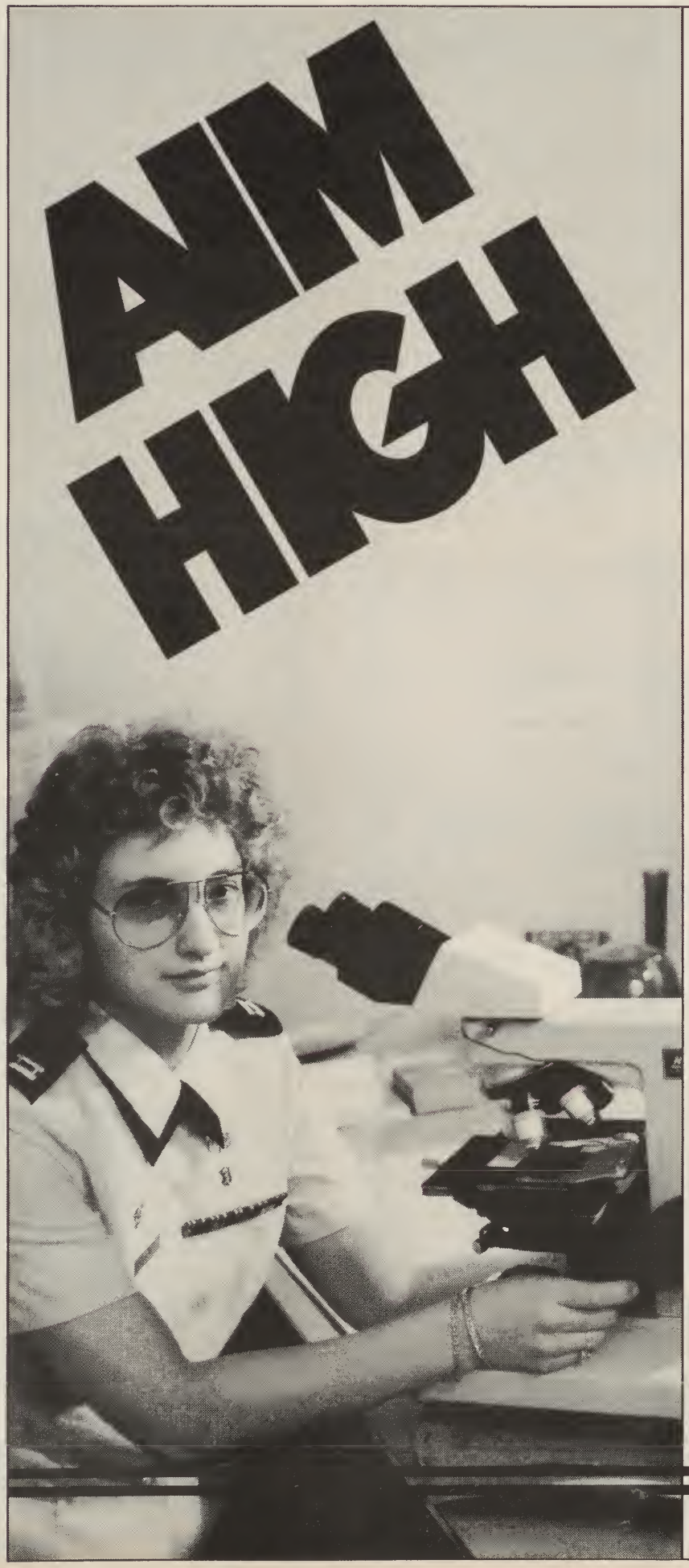
"There are no problems with any of these solutions except that we don't have a way of delivering the [babies]," Dr. Paulissen said. Even if the DuPage Community Free Clinic provided prenatal-care services, they would still need volunteers to administer that care. "But if that person does not have delivery privileges," he said, "you haven't accomplished anything." He added that the prenatal referral program was established with the belief among physicians and program officials that women would receive the best care in the regular medical care system.

The calls of assistance from DuPage physicians have brought some relief to the prenatal program, but officials agree this support is only a short-term solution. "Every doctor who offered to help us more certainly made us feel better," Sweeten said. "But we're not where we need to be to serve the population that is asking to come here." ▲



Wm. Daniels/The Photo Partners

ISMS member George T. Mitchell, M.D., discusses rural health issues at a July 11 meeting of the Illinois Agricultural Leadership Foundation in Chicago.



BE AN AIR FORCE PHYSICIAN.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay per year that are part of a medical career with the Air Force. And enjoy the satisfaction of a general practice without the financial and management burden. Today's Air Force offers an exciting medical environment and a non-contributing retirement plan for physicians who qualify. Learn more about becoming an Air Force physician. Call

USAF HEALTH PROFESSIONS
COLLECT
815-424-2035
STATION TO STATION

AIR FORCE

Edgar

(continued from page 1)

The Republican gubernatorial candidate instructed the 11-member committee to study the proposal and public comments and to make recommendations by Oct. 1. He also extended the deadline for public comment from Aug. 27 to Sept. 14.

Illinois State Medical Society immediate past secretary-treasurer and former trustee Boyd E. McCracken, M.D., a family physician from Greenville, will serve on the 11-member committee. The committee will be chaired by Victor Wirth of Springfield, executive director of the Illinois Retired Teachers Association.

Edgar's proposed amendment to rules governing the issuance of driver licenses would add family members to the list of people now permitted to report firsthand knowledge of potentially impaired drivers. Current law permits notification by law enforcement officials, physicians, psychologists, psychiatrists, judges and prosecuting attorneys.

The plan precipitated immediate criticism by senior citizen groups and others, who charged the plan's purpose was to get elderly drivers off the road. Others contended the measure would result in family members using the secretary of state's office to harass relatives with whom they have differences.

Edgar denied the proposal was directed at senior citizens, saying, "In fact, half of those tested under our current rules were not senior citizens." He said his office receives about 500 calls a year from people "deeply concerned" that a family member has a driving impairment, but that current rules prohibit him from taking any action.

Edgar developed the proposal in response to a May 15 accident in a Chicago suburb in which an automobile plowed through a Riverside baseball diamond, killing three children and injuring nine people after the driver apparently blacked out.

Also named to the committee were Henry B. Betts, M.D., medical director and chief executive officer of the Rehabilitation Institute of Chicago; T.C. (Chuck) Gilchrest of Northbrook, president of the National Safety Council; Everette M. Hill Jr., a village prosecutor for Palatine, Mount Prospect and Glencoe; Jonathan Lehrer of Lincolnwood, public affairs vice president of the AAA Chicago Motor Club; Skokie Police Chief William D. Miller; 5th Municipal District Presiding Judge Anthony S. Montelione of the Cook County Circuit Court; Virginia Nelson of Kewanee, president of the Association of Illinois Senior Centers; DeKalb County Sheriff Roger A. Scott of Sycamore; and William C. Westberg, Ph.D., state director of the Illinois American Association of Retired Persons.

Interested persons may submit public comment on the proposed rule change to Nancy Short, assistant counsel to the secretary, 2701 S. Dirksen Parkway, Springfield, Ill. 62723. ▲

Blackout

(continued from page 1)

Emergency generators at the hospital started up six-tenths of a second after the blackout began, channeling power to critical care areas, refrigerators, hallways and to one light at each nursing station. "Since we had no warning, the biggest thing was trying to find the extension cords and flashlights" in the dark, Rill said.

Emergency rooms, OBs kept busy

As soon as the blackout began, Mt. Sinai, a Level I trauma center, went on immediate bypass. But the emergency room still had a busy night from walk-ins and patients delivered from police cars, Rill said. Bethany Hospital's ER saw many blackout-related injuries, including head lacerations and bruises, according to a hospital spokesman, and St. Anthony's ER stabilized a stabbing victim who was brought to the hospital at 2 a.m. July 29 by Chicago police.

Obstetrics departments at two of the affected hospitals also reported a busy night. Two babies were delivered by Caesarean section at St. Anthony Hospital and five were born at Mt. Sinai in the early hours of July 29, including a pair of twins delivered by C-section.

"The major issue was the inconvenience of not having power as usual, of having less power and less air on a very hot night," said Norbert Gleicher, M.D., chairman of the OB/gyn department at Mt. Sinai.

Electricity was restored by 6:30 a.m. July 29 to Loretto, Mt. Sinai and St. Anthony, while power returned to Bethany at 12:51 p.m. Mt. Sinai was back in the trauma network at 6 p.m. after data that had been lost in some computers were restored. Morning meals were served on time at St. Anthony, but breakfasts at Mt. Sinai reached patients about 20 minutes late. Many Mt. Sinai residents and staff, though, endured a hungry night without access to food. According to Rill, the hospital cafeteria is closed at night, and few bring their own food to work. With electricity cut off to vending machines, night-shift staff were without food until power was restored.

"We've never had an internal disaster before," Rill said. "It was a test run for all of us.

"All staff really pitched in," she added. "Some employees had heard on the air what was happening and came to the hospital on their own to see what they could do to help us."

Physicians in private practices also coped with the outage. When pediatrician Manuel B. Martinez, M.D., was unable to see patients at Zacatecas Medical Center on July 30, he phoned St. Anthony Hospital, where officials allowed him to see patients in its outpatient department. Dr. Martinez saw 12 patients at the hospital who were unable to reschedule their appointments. He returned to Zacatecas Medical Center when power was restored the next day.

"I wish I had my own generator," Dr. Martinez said, when asked what he learned from the blackout. ▲

Centre Club
The Medical Center Health Institute
A Fitness Complex

The Second Annual Preventive Medicine
CME CONFERENCE
For Physicians and Allied Health Professionals

SEPTEMBER 22, 1990

"THE HIEROGLYPHICS OF OPTIMUM HEALTH"
Presented by The Medical Center Health Institute

– **GUEST SPEAKERS** –

STEVEN BLAIR, P.E.D.
"The Impact of Fitness on Cardiovascular and Cancer Mortality"

NEIL OLDRIDGE, Ph.D.
"Compliance in Secondary Prevention (CAD) Patients and Implications for Us All"

JAMES EARLY, M.D.
"Obesity; VLCD, Genetics and Gall Bladder Disease"

MYRIN BORYSENKO, Ph.D.
"Psychoneuroimmunology, the Mind-Body Connection, a Tool for Stress Reduction"

ARTHUR LaPERRIERE, Ph.D.
"Exercise, The Immune System and Impact on AIDS Patients"

DEBBIE JACOBS, R.D.
"Fat-Free Foods of the 1990's"

For Registration Form, call:
(708) 816-6100 • Extension 5775

Thomas E. Dohmeier, Chairperson
The Medical Center Health Institute in Centre Club
200 West Golf Road • Libertyville, Illinois 60048

Affiliated with Condell Medical Center

Wisconsin

Physicians BE/BC

It's never too late for a new beginning! Dial **1-800-338-0568** and discover "The Right Choice" for your medical practice in beautiful Southern Wisconsin.

Specialties

- Allergy
- Cardiology
- Dermatology
- Emergency Medicine
- Family Practice
- Internal Medicine
- Neurology
- Obstetrics & Gynecology
- Ophthalmology
- Orthopedics
- Otolaryngology
- Psychiatry

The Monroe Clinic associates provide the highest continuum for patient care and you have easy access to peers or specialists for consultation without the distractions of office management.

For an early prescription to a lasting, equitable partnership, please call or send your curriculum vitae to Robert Enterline, Physician Staffing Director, The Monroe Clinic, 1515 Tenth Street, Monroe, Wisconsin 53566.

"equal opportunity employer."

The Monroe Clinic

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Pediatrician: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE pediatrician to join department of 17 BC/BE pediatricians. Two year guarantee plus comprehensive benefit package offered. The community offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan I-800-632-3496.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820; 217/351-1285.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician wanted. Pediatrician, with or without training in allergy, to join rapidly expanding solo practice near Chicago. Excellent opportunity. Reply to Box 2171, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

ENT—Effingham, Illinois. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Large south side practice is looking for energetic physicians to join a stable practice of twelve years. Looking for (1) family practitioner, (2) general practitioner, (3) pediatrician. Please respond in confidence to: P.O. Box 578, Chicago, IL 60617.

Medical center seeking physicians to work part time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call 708/390-0300 or 708/390-9300.

OB/gyn—family practice—general surgery— internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc., 12724 N. Maplecrest Lane, Mequon, WI 53092, 1-800-243-4353.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

General Surgeon—BC/BE to join multispecialty group in southern Illinois serving population of about 20,000. Within 20 miles of Southern Illinois University Medical School, 120 miles from St. Louis, MO and 45 miles from Paducah, KY. Modern 40 bed hospital with x-ray, lab, CT scan, ultrasound and special care unit. Must be willing to do some primary care. (No OB). Guaranteed income with all practice expenses paid plus incentive. Write: E. A. Helfrich, Administrator, Union County Hospital, Anna, IL 62906; 618/833-4511 call collect.

Family physician—well equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five-room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone 618/285-6634.

St. Louis University's HealthLine Physician Services is currently recruiting primary care physicians to provide clinical services in the emergency department of Harrisburg Medical Center in Harrisburg, IL; full-time and part-time positions are available. Moderate volume; 24-hour radiology, anesthesiology, laboratory; strong ED nursing and medical staff support. Competitive hourly rate with professional liability insurance provided. Contact Gerry Liebmann, 1-800-443-3901, 3663 Lindell, Suite 400, St. Louis, MO 63108.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin, 44 physician, multispecialty group is seeking two internists, a vascular surgeon, a rheumatologist, an OB/gyn, an ophthalmologist and a neurologist. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Parkway, Beloit, WI 53511, or call 608/364-2200.

Cardiologist, board certified/board eligible, wanted for well established cardiology-internal medicine practice in northwestern Illinois. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2158, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internist, with or without subspecialty training, BC/BE, wanted to join a well established practice in northwestern Illinois. Send curriculum vitae and resume to: Box 2158, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Pediatrician, OB/gyn, family practitioner, general surgeon. Growing 17 physician, multispecialty clinic in beautiful northwestern Wisconsin seeking BC/BE specialists. Attractive partnership opportunity. Come grow with us! Contact Donald W. Clemens, Administrator, Indianhead Medical Group, Ltd., 1020 Lakeshore Drive, Rice Lake, WI 54868. Phone 715/234-9031.

Otolaryngology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Looking for an associate to join a well established primary care medical practice near Chicago, with an option to take over the practice. Call 815/786-9767.

Dermatology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Pediatrics—Brainerd, MN: Join 2 pediatricians in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Need medical oncologist in practice to associate with cancer center. Write to Box 2172, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine—Brainerd, MN: Join 7 internists in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

BC/BE internist for rapidly growing ambulatory care service of university affiliated hospital. Responsibilities include ambulatory general internal medicine and admitting room. Also available is vacancy for candidate with interest/experience in inpatient geriatrics. Salary range starting at $75,000-$84,000. Excellent federal benefit package. Address CV to: Uma Sekar, M.D., Associate Chief of Staff/Ambulatory Care, Veterans Affairs Medical Center, 1900 E. Main, Danville, IL 61832.

Internal medicine: immediate opening for BC/BE primary care internal medicine or family practice physician in VA outpatient clinic, Peoria. No inpatient responsibilities or after hours call schedule. Competitive salary and fringe benefits in medium-sized midwestern city with many cultural opportunities. Write or call K. Warrier, M.D., Chief Medical Officer, 411 Dr. Martin Luther King, Jr. Dr., Peoria, IL 61605; 309/671-7390.

Cardiology: 70-doctor multispecialty group seeking third cardiologist to associate in excellent growing consultative practice, combining both invasive and non-invasive opportunities. Well equipped offices within a well staffed, modern hospital minutes from clinic; "state of the art" catheterization laboratory with digital angiography and full non-invasive cardiac lab. New ICU and CCU being built. Drawing area 400,000. Stimulating midwest Big 10 university community of 100,000 with cultural advantages. Ideal for family. Medical school teaching affiliation. Excellent initial guarantee and fringes with early associateship and subsequent income based exclusively on productivity. Send CV to Ronald H. Deering, M.D., 101 W. University, Champaign, IL 61820.

Private practice opportunities exist in southern Indiana affiliated with a 590 bed hospital. Specialties include internal medicine and family practice. Competitive compensation plan and attractive partnership arrangement available. Send CV to Don Hoit, 11222 Tesson Ferry Rd., Suite 203, St. Louis, MO 63123, or call 1-800-336-3963.

LifeSpan Health Care Services seeks family physicians for Cambridge, MN, Crosby, MN, Grantsburg, WI, Hopkins, MN, Lakefield, MN, Litchfield, MN, Minneapolis, MN, Monticello, MN, Springfield, MN, St. James, MN, Wayzata, MN, Woodville,WI. For further information contact: LifeSpan Health Care Services, 800 E. 28th St., Minneapolis, MN 55407; 612/863-4193. Ask for Jerry Hess.

Chicago area: the expansion of our leading psychiatric group calls for two additional general psychiatrists and one more child psychiatrist who are clinically competent, team-oriented, and dependable. Experience with chemical dependency treatment and inpatient work is a plus. We offer a high guaranteed salary, profit-sharing, flexible scheduling, paid vacations and holidays, CME time, an outstanding benefits package, and paid malpractice and hospital dues. These positions include outpatient and inpatient services in Chicago and the suburbs. For information, call Michelle Peterson at 708/323-4302.

Gastroenterologist wanted—Florida—Terrific medium sized coastal town. Two personable solo GE's seeking same to share heavy case load and coverage. Mail CV to Richard Libby, 5510 Montgomery St., Chevy Chase, MD 20015.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General practitioner—IL license, DEA certified. Wants part-time position in metro Chicago area. No Medicaid. Call 708/206-1337 evenings.

For Sale, Lease or Rent

Dental office—beautiful office in prestigious modern building. Excellent busy location. Three exam rooms, lab, private office, washrooms and parking. Waukegan, IL; 708/244-8340.

Oak Brook. Exquisite country French home with tennis court. Five bedrooms, library, 3-1/2 baths, finished basement, three car garage. Hinsdale district. 708/325-4376.

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Established pediatric practice for sale in growing young community of Bolingbrook. Well equipped office in medical building. Anxious for prompt sale. For information call 708/852-1948 after 8pm.

Active established primary care practice. Completely equipped, staffed and computerized. Excellent patient base. Will introduce. Chicago location. Call 312/346-3364.

Medical suite for rent: in high traffic, stable working community in Chicago area. Excellent demographics. Large modern suite with accessible parking. 312/238-6686.

Prime medical space. Eminent architect will design. 1,750 square feet. Southwest Chicago-Beverly Hills, historic landmark "Village in the City," central location. Parking. Call 312/445-3942.

Miscellaneous

Attention: Earn money reading books! $32,000/year income potential. Details. 602/838-8885 ext. BK-17390.

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing. Computerized system can be customized to meet the needs of your practice. Accurate ICD-9 and CPT coding. Insurance filing and follow-up. Financial reports showing practice analysis. Contact Golden Office Management, Inc., 3317 W. 95th St., Evergreen Park, IL; 708/423-7778.

SMC: POL consulting; quality assurance is quality care. Laboratory compliance: federal and state regulation; quality control programs, safety, procedure manuals, instrument maintenance logs, correlation analysis. Complete laboratory evaluation. Free POL assessment. 312/882-4526.

Custom computer graphic slides. For your next lecture, let us design your slides. As specialists in the medical photography field, we are experts in design, color, details, and backgrounds. Pick up and delivery available. Unbeatable prices. For information and sample slides call Phil, 312/508-0811.

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

RISK MANAGEMENT

MANAGING RISK IS AN ESSENTIAL FOR PHYSICIANS IN TODAY'S MEDICAL-LEGAL CLIMATE.

Exchange physicians and staff show policyholders practical ways to reduce risk and prevent lawsuits–ranging from educational materials to counseling of individual physicians.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians
SINCE 1976

NATIONAL LIBRARY
AUG 2 3 1990
OF MEDICINE

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

WI IL417L
V.2 NO.18 1990
C.D1--------SEQ: SR0063601
TI: ILLINOIS MEDICINE

AIDS and adolescents program begins third year 8

Illinois Medicine

August 31, 1990

ILLINOIS STATE MEDICAL SOCIETY



Wm. Daniels/The Photo Partners

Chicago residents line up to receive free immunizations at an Aug. 18 CareVan stop at Pietrowski Park, 4247 W. 31st St. The CareVan project is a joint effort of the Chicago Department of Health and Blue Cross/Blue Shield of Illinois. See story on page 2.

Cook County Board votes to acquire Provident

THE COOK COUNTY Board of Commissioners in a special meeting Aug. 22 voted 10-5 to take over the closed Provident Hospital on Chicago's South Side for the price of $1. The board also approved an $18.2 million renovation budget as a means of fulfilling a condition that it approve an operating budget before obtaining title to the facility.

The board took the action despite continued opposition from some community members and vehement criticism from state Sen. Aldo DeAngelis (Olympia Fields), who is the Republican candidate for county board president. DeAngelis vowed to "unequivocally overturn this action" if elected.

The U.S. Department of Housing and Urban Development (HUD) holds the title to the hospital at 500 E. 51st St., which has been closed since September 1987. HUD Secretary Jack Kemp informed Gov.

(continued on page 2)

New Medicare filing requirements begin Sept. 1

PHYSICIANS ARE REMINDED that effective Sept. 1 they are required to submit Medicare Part B claim forms for their Medicare payments, regardless of whether they accept assignment. Patients cannot be billed for claim processing.

At the urging of the Illinois State Medical Society (ISMS), Blue Cross/Blue Shield of Illinois has increased staff to answer physician questions during the phase-in period. Physicians with questions about claim completion may call Blue Cross at (800) 535-6147, or the ISMS department of economics at (312) 782-1654.

The new rules stem from provisions drafted by Congress in 1989 under the Omnibus Reconciliation Act of 1989 (OBRA 89). More complete information on the new regulations will appear in an upcoming issue of *Illinois Medicine*. ▲

In this issue

Mandatory arbitration speeds judicial process 3
Great moments in Illinois medicine 5
Case in point 6
Policyholder relations department set to open 7
Can this practice be saved? 10
Public health report 13

Public aid department calls report flawed

Study says state trauma centers lost $27.8 million in 1989

ILLINOIS LEVEL I trauma centers lost approximately $27.8 million during 1989, with most of the losses attributed to Medicaid and self-pay patients, according to a study released Aug. 14. Illinois Department of Public Aid (IDPA) officials, however, charged the next day that the report was seriously flawed.

Medicaid losses accounted for $18.8 million of the $27.8 million, and losses for care rendered to self-pay patients were $8.4 million, the study reported. Trauma centers did experience a $5.4 million positive cash flow for treating commercially insured and HMO/PPO Level I patients, without which losses would have totaled approximately $33.2 million.

The study was commissioned by the Metropolitan Chicago Healthcare Council (MCHC), the Illinois Hospital Association (IHA) and Illinois Level I trauma centers in response to a recommendation of the Chicago and Cook County health care summit. The accounting firm KPGM Peat Martwick conducted the study.

Fourteen of the 17 hospitals designated Level I trauma centers in 1989 provided patient-specific cost information for the study. One of the 14 participating hospitals, Michael Reese Hospital and Medical Center in Chicago, withdrew from the trauma network in March 1990, and one participating hospital requested anonymity.

The study encompassed a Chicago trauma center case load of 4,895, and an 873-patient case load from statewide participating centers for a total of 5,768 cases. The case study represented Level I trauma patients who either were discharged or died after treatment at a trauma center during 1989. The study concluded that Chicago trauma centers lost approximately $4,700 per discharge, while statewide the loss per discharge was approximately $5,600.

Illinois' Level I Trauma Centers

Four Chicago Level I trauma centers will share about 60 percent, or approximately $3 million, of a $5 million grant approved in June by the Illinois General Assembly. The remaining $2 million will be split among the other 12 state trauma centers. Actual amounts each center will receive will be announced by Jan. 1, 1991.





"The trauma study released today speaks loudly and clearly," said MCHC Vice President Karen L. Hackett. "It points out the urgent

(continued on page 14)

NATIONAL LIBRARY OF MEDICINE
TSD - SERIALS
8600 ROCKVILLE PIKE
BETHESDA MD 20894
0820 IM
********** 3 DIGIT SCF 208

CareVan reaches out to community groups

AFTER A SLOW start, a mobile outreach effort to provide free immunizations to Chicago children is beginning to attract the number of participants officials had expected. And with the start of the 1990-91 school year, officials are anticipating even higher participation in the CareVan program.

"For the first six weeks it was trial and error," said Tom Drews, community relations officer for Blue Cross/Blue Shield of Illinois. The two CareVans, one to handle immunizations and one equipped for prenatal care, were launched in May by Blue Cross and the Chicago Department of Health (CDOH). Blue Cross provided a $187,000 grant to start the pilot program.

The CareVans were initially sent to areas hardest hit by the 1989 measles epidemic and those with a high rate of infant mortality, according to Willye White, CDOH interim director of health education. In recent weeks, however, community organizations have requested visits by the service, and have helped to publicize such stops.

Bilingual fliers, door-to-door campaigns and radio spots have been used to attract people to the CareVans, according to Timothy C. Hadac, CDOH director of public information. By working with neighborhood groups, the health department is addressing resistance some community residents may feel toward government organizations.

"We're trying to build trust by working directly with community groups," Hadac said. "We place a very high value on going into the neighborhood, and not just coming in, in our white coats and white vans, and laying down the law, so to speak."

CareVan stops have averaged about 25 immunizations per day. Officials had hoped for 70 immunizations per day, according to Hadac, based on one public health nurse immunizing 10 children per hour in a seven-hour day. That figure is more realistic in a clinical setting, he added, with a steady flow of children to be immunized.

Nevertheless, following reports of the program in the Chicago media and appeals from local aldermen, CareVan workers immunized 300 children during an Aug. 9 stop in the Little Village/Pilsen neighborhood on Chicago's west side. "We had such great response that they called in from the van ... and said, 'Send in more troops,'" Hadac said. "We need problems like that." Participation averaged about 75 per visit from Aug. 15 to 18, the latest dates that figures are available, he added.

CareVans are now able to schedule stops several weeks in advance, Drews said. This allows more time to coordinate community efforts to publicize the stops and has led to

(continued on page 14)

Physicians may qualify for sales tax refunds on some equipment

ILLINOIS PHYSICIANS MAY be entitled to sales tax refunds from medical equipment suppliers on the purchase of certain medical equipment, due to a recent Illinois Appellate Court opinion.

Travenol v. J. Thomas Johnson concerned a "medical appliance" exemption to the Illinois retail occupation tax, the tax on personal property sold at retail. The statute exempted "prescription and nonprescription medicines, drugs, medical appliances and insulin, urine testing materials, syringes and needles used by diabetics for human use." But the Illinois Department of Revenue (IDR) had adopted a regulation saying that, because some equipment was used by physicians in their practices and not resold, such equipment "did not qualify for the reduced rate of tax."

In January 1986, Travenol Laboratories Inc., now Baxter Healthcare, sold a capillary flow dialyzer, a component of a kidney dialysis machine, to a health care professional for $46,434 and was denied the tax exemption. Travenol paid the $2,273 tax under protest and challenged the IDR rule in court. The Appellate Court upheld Travenol's contention that the exemption applies to such purchases, and IDR has said it will not appeal the case further.

According to Saul J. Morse, Illinois State Medical Society general counsel, physicians who purchased medical equipment on or after July 1, 1987, may be entitled to refunds if they request them promptly. Physicians must request such refunds from the company that sold them the equipment and the company will then have to seek their refunds from IDR.

Morse believes that "everything from bandages to complex medical equipment" qualifies for the exemption, although revenue department officials would not specify which kinds of products are eligible. IDR spokeswoman Verenda Smith said the decision regarding exemptions will center on the "circumstances of its [the product's] end use," specifically whether the product is used "by the professional health care provider in the course of treatment." ▲

Physician Facts

Illinois AIDS Cases by Age
(Jan. 1, 1988–July 31, 1990)

Age	Cases
Under 13	35
13–19	12
20–29	484
30–39	1,083
40–49	517
Over 49	279
TOTAL	2,410

Illinois HIV-Positive Reports by Age
(Jan. 1, 1988–July 31, 1990)
(Reported by private providers)*

Age	No. Reported
0–9	120
10–19	85
20–29	1,139
30–39	1,773
40–49	662
Over 49	259
Age not specified	59
TOTAL	4,097

Source of Data: Illinois Department of Public Health

**Note: January to June 1988 HIV-Positive reporting was due to the state premarital testing law.*

Provident

(continued from page 1)

James R. Thompson on Aug. 6 that he would give Provident to the state, for subsequent tranfer to the county, provided the county adopted an operating budget. Kemp said he hoped to transfer title by Sept. 17.

County officials intend to reopen Provident as a 225-bed general care facility as part of a new decentralized county hospital system. The new system eventually would include building a smaller facility to replace the deteriorating Cook County Hospital (CCH) complex at 1835 W. Harrison St., and acquiring at least one other hospital on the city's west side. Discussions regarding the acquisition of Bethany Hospital at 3435 W. Van Buren St. are under way between the county and Evangelical Health Systems, Bethany's owner.

Operating budget approval questioned

Republican Commissioner Carl Hansen said the board could not legally approve an operating budget outside of the normal budgeting process. He also said the county's certificate of need (CON) application for Provident projects a $40 million operating deficit by the end of second year. "Projecting that could easily reach a figure of $100 million in four or five years," Hansen said.

Dunne countered by saying that HUD Regional Administrator Gertrude Jordan had told him that Kemp's use of the term "operating budget" was "a matter of semantics" and that the county's commitment to renovate the facility would satisfy the secretary's condition. He said that Thompson's representatives echoed that assurance.

Dunne added that, in hopes the hospital could reopen under private ownership, the county did not bid when the New Provident Hospital Association failed to purchase Provident at auction. "What we're trying to do here is to provide excellent health care to the medically indigent of our community ... and I can see that [the acquisition] will reduce the size of the new county hospital when we come to that turn in the road."



Sen. Aldo DeAngelis (R-Olympia Fields) vowed to overturn the decision to acquire Provident Hospital if elected Cook County Board president.

DeAngelis blasts board

But DeAngelis, addressing the board after the vote, blasted the action. The board "took the General Assembly off the hook," and precluded "the participation of the state of Illinois in resolving the very serious health care problem of Cook County." He charged that a bill he introduced last session, which would have established a mechanism for developing a comprehensive county hospital system plan, was defeated at Dunne's insistence.

"But the part that really rankles me the most," DeAngelis said, "is the suggestion that anyone who votes against this is turning their back on the indigent of Cook County." He said the board had in fact voted "for the institutionalization of a double-tiered health care system – a health care system that is so expensive that it will ultimately lead to the rationing of care in Cook County."

Meanwhile, New Provident Hospital Association spokesman Joseph Collins vowed his organization would continue its court effort to block the acquisition. He said the association's lawsuit to enjoin the state Health Facilities Planning Board (HFPB) from awarding a CON is in abeyance pending judicial review of the legality of HFPB's action. ▲

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly by the Illinois State Medical Society. Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

Cook County's new mandatory arbitration program may bring a faster resolution to malpractice cases

by Lindsey Tanner

COOK COUNTY'S COURT system this year became the fourth in the state to begin a mandatory arbitration program that could affect some medical malpractice claims.

The program was devised by the Illinois Supreme Court to help unclog overcrowded dockets by giving a speedy detour to civil cases involving monetary damages of $15,000 or less, said Judge John Keleher, supervising judge for Cook County's mandatory arbitration program.

The concept was first launched in Winnebago County in 1987, and now is also in place in Lake and DuPage counties, Keleher said.

Under the program, cases that fit the $15,000-or-less monetary guideline are assigned a single arbitration hearing rather than multiple hearings leading up to and including a trial.

Instead of going to trial – and being delayed by continuances and other legal hurdles – these cases are heard by a panel of three arbiters, specially trained attorneys who issue a judgment the same day as the hearing, Keleher said.

"It's a one-time hearing. It is conducted in two hours or less, instead of a minimum three-day jury trial," which often faces cases not assigned to arbitration, he said.

If either or both the parties object to the panel's findings or the size of monetary award, they have 30 days to formally file notice and pay a $200 rejection fee. Their cases are then given a trial by judge or jury.

In Cook County, about 11,000 cases dating back to 1984 have been assigned to mandatory arbitration, said Paul Bernstein, administrator of the county's program. Hearings for the county's first mandatory arbitration cases began in April.

"It's designed to clear the court's docket of the smaller personal injury-type suits, the slip-and-fall cases," in which a person sues the owner of property on which he falls, and so on, Bernstein said.

"Right now we're concentrating on personal injury, motor vehicle and tort actions," he said. "Eventually, it will encompass all types of civil cases."

The only malpractice case Judge Keleher can recall that has gone to arbitration in Cook County involved a woman's lawsuit against her podiatrist.

"Her claim was that he didn't do the right thing by her foot," Keleher said. "Both sides agreed that it was worth less than $15,000," and the case was assigned to arbitration.

But medical malpractice cases, by their very nature, tend to involve sums of substantially more than $15,000, Bernstein said, and they thus would not be assigned to arbitration.

According to Keleher, malpractice cases worth $15,000 or less "are not the kind of cases the medical [profession] is worried about."

Thomas A. Clancy, second vice president of the Illinois State Bar Association and a Chicago lawyer who has handled malpractice cases against doctors, called the program "an inexpensive way to get a resolution" to smaller cases.

"If it ends up not being such a big case, sometimes the parties are at loggerheads and neither side will give in," he said. "This arbitration panel does give you a resolution."

Program will bring larger malpractice cases to trial sooner

According to Clancy, mandatory arbitration may also have a more indirect impact on medical malpractice cases.

"It's going to clear out the system" by eliminating smaller, more inconsequential cases from the regular court docket, Clancy said. Heftier malpractice cases thus will go to trial more quickly.

"Doctors complain that they can't remember the case, can't remember the charge," he said. But now, "the case will be tried earlier, so it will be fresher in their minds."

(continued on page 13)



Judge John Keleher supervises Cook County's mandatory arbitration program, which was launched in April.

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

MEDICARE NOTES

CHANGING YOUR ADDRESS/PHONE NUMBER? KEEP MEDICARE INFORMED!

The Provider File Unit maintains and updates Medicare records used to identify, classify, and (for *assigned* claims) pay providers. Contact this unit *in writing* for Medicare provider number applications, or when changing locations, phone numbers, practice type, or business arrangement. Providers who are moving to a new location should notify Medicare B at least 30 days prior to the move. Notification should include the old and new addresses, Medicare provider number, and the effective date of the change.

This is particularly important for *participating* providers — if Medicare B is not informed of an address/phone number change, your listing will be incorrect in the MEDPARD (Medicare Participating Physician/Supplier Directory).

Write to:
Blue Cross and Blue Shield of Illinois
Medicare B — Provider File Unit
P. O. Box 994
Marion, Illinois 62959

HMSA DESIGNATIONS — IMPORTANT REMINDER!

Physicians who render covered Medicare services in a Class I or Class II rural Health Manpower Shortage Area (HMSA) are entitled to a 5% incentive payment for their services. The key to eligibility for the incentive payment is *where* the service is actually rendered. For example, if a physician has an office in a Class I or II rural HMSA and visits a patient in the hospital which is *not* located in an eligible HMSA area, no incentive payment is due. Class III and Class IV rural HMSAs do not qualify for the 5% incentive payment and are not included on the list below.

Health Care Financing Administration has released the list of designated HMSAs effective April 1, 1990, as determined by the Public Health Service through 1989. Illinois HMSAs that are eligible for incentive payments are:

COUNTY	TOWNSHIP/AREA	CLASS
Alexander	All	I
Brown	All	II
Cass	All	II
Fayette	All	II
Henderson	All	II
Jasper	All	II
Jo Daviess	Apple River Twp.	II
	Berreman Twp.	II
	Derinda Twp.	II
	Nora Twp.	II
	Pleasant Valley Twp.	II
	Rush Twp.	II
	Stockton Twp.	II
	Thompson Twp.	II
	Wards Twp.	II
	Warren Twp.	II
	Woodbine Twp.	II
Pope	All	I
Pulaski	All	I
Scott	All	II
Union	All	II
Wayne	All	II

When filing a Medicare claim, the *Place of Service code* triggers the quarterly incentive payment. Correct usage of this code is *CRITICAL*. To indicate services rendered in an incentive-eligible rural HMSA, use the following Place of Service codes in *Block 24B* of the HCFA-1500 Claim Form:

P — Inpatient Hospital (Rural HMSA)
Q — Outpatient Hospital (Rural HMSA)
R — Doctor's Office (Rural HMSA)
S — Patient's Home (Rural HMSA)
T — Nursing Home (Rural HMSA)
U — Skilled Nursing Facility (Rural HMSA)
V — Other Locations (Rural HMSA)
W — Ambulatory Surgical Center (Rural HMSA)

(This report is a service to the physicians of Illinois)
8/31/90

Editorials

Teen talk

Celebrity wanted: Health-related issue needs hot media personality to take on important life-and-death cause. Rap stars, Madonna look-alikes, Paula Abdul wanna-bes, Spike Lee spin-offs and basketball stars, any league, are urged to apply. Target audience is rebellious, disdainful and probably not listening because THEIR MUSIC IS TURNED UP SO DAMN LOUD!

We're talking teen-agers here – and we're talking about a very real need. The issue of adolescent health doesn't get much press; infant mortality and child abuse are featured much more prominently in the media. Politicians and celebrities looking for a cause will focus on lead-based paint as a hazard to youngsters, or mandatory car seats and seat belts to protect our youngest riders. But when those infants and babies grow up and reach the age of 12 or 13, they seem to sink to the bottom of our priority list.

Actually, teens are among the most vulnerable of our children. They experiment with alcohol, with drugs and with sex, often with little or no knowledge or understanding of the attendant risks or consequences.

Whether the results are drunken driving deaths, teen pregnancy, addiction or AIDS, the social, physical, emotional and human costs of these risk-taking behaviors are enormous. Just a little ignorance can have lifelong – or life-shortening – impact.

What we need here is a little attention and a lot of solid, non-judgmental information. Ignore our ad above; we don't need a "name-brand" celebrity to support the cause. We need you. An in-depth story on the Illinois State Medical Society's (ISMS) AIDS and Adolescents program in this issue kicks off the program's third year of reaching out to teens with important information.

ISMS has canvassed the state's public, private and religious schools, inviting them to contact the society if they would like to schedule a speaker on the topic of adolescent health, with special attention on AIDS and adolescents. If you can volunteer to go out to a junior high or high school and talk candidly, objectively and informatively with teen audiences, we want to hear from you.

We especially need female physicians, young physicians and minority physicians – anyone who can provide the "extra edge" it will take to get an audience of this age group to listen. ISMS will provide handouts and audiovisual materials to support the information you provide.

Yes, some of these are delicate subjects. And yes, this can be a noisy, disrespectful audience: we can guarantee high hormone and high intensity levels, but not necessarily high attention. And yes, this will cost you a couple of hours away from your family, your practice, your whatever.

On the other hand, we won't ask you to rap like MC Hammer, to dance like Janet Jackson or to demonstrate all the sports Bo knows. We're just asking you to take some time. Spend an afternoon. Talk a little. Listen a little more. Answer some questions. Maybe, just maybe, save a life. ▲

Illinois Medicine

VOLUME 2, NUMBER 18 **AUGUST 31, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* ere not necesserily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect officiel policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information
Send ell advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

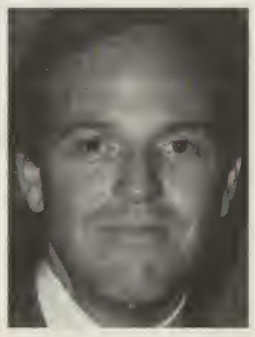
Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The eppearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the edvertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



Guest Editorial

Physician – heal thyself



by Donald E. Casey Jr., M.D.

We sit here stranded, though we all do our best to deny it.
– Bob Dylan, songwriter

I went to a child psychiatrist for three years – the kid didn't do anything for me.
– Rodney Dangerfield, comedian

HOW MANY TIMES have we seen a new patient who tells us that a previous physician has told him, "There is nothing wrong with you"? Whether these exact words were spoken by the other doctor, that's what the anguished patient perceived.

We don't doubt that such a patient feels ill, yet we can't really figure out what's wrong. The patient, naturally, questions our diagnostic skills because we don't have all "the answers." He seems reluctant to trust us to help him.

But whenever I experience this scenario, my eyes light up with delight. "That's great," I say. "You're going to make it." Then I explain that what the doctor meant to say (and probably did say) was that nothing was *seriously* wrong with the patient. I assure the patient that I will make every attempt to make him feel more comfortable and I advise him not to worry.

Doctors are good at giving advice about health; that's what we are trained to do. But we don't think we need advice from other doctors about our own health. We think we know what's right for ourselves. We may even deny that anything bad might happen to us and we unconsciously neglect our health.

Denial is a key word here. It means "refusal to admit the truth," but also "restriction of one's own activity or desires" (according to *Webster's*). It is a part of the human condition that we face daily with many of our patients. "It may happen to him; it won't happen to me," we hear.

I recently spoke to a colleague with an upper respiratory tract infection. "You sound terrible," I said. "Yeah, I've been fighting a bad cold for several days," he replied. "I can't seem to shake it. And now my right ear is plugged up and I can't hear out of it. I feel rotten."

I smiled at him and suggested with concern, "You should see a doctor. Maybe you have otitis media."

"Oh, I've been taking some decongestants [prescription, of course], and I started an antibiotic yesterday," he said. "So I'm sure I'll eventually be OK. There's nothing more that anyone can do for me now." I later discovered he hadn't seen a doctor in 20 years and did not have a physician.

Sometimes, when bored at a medical meeting, I survey the room, noting what seems to be a prevalence of obese and apparently out-of-shape physicians, lecturers included. I wonder how many have ever had a physical examination and dietary counseling, or tried a regular exercise program. I wonder if I could, as a patient, seriously take advice from a physician who did not appear healthy.

All physicians are human, subject to the same illnesses, sufferings and frailties as our patients. We often find it hard to admit to ourselves – and even harder to admit to others – that we are under an extraordinary amount of stress, and that our internal anxiety can affect our professional abilities. For the time being, it's easier to *deny* our vulnerabilities than to deal with them.

Dealing with our own denial is the first step to good health. A doctor should learn to seek comfort and care from his own physician. Trusting a colleague with our well-being is healthy and follows the advice we give to our patients. It is humanizing to recognize that we are vulnerable to illness.

I'm not suggesting that we all need a child psychiatrist. But we should receive complete and appropriate health care from our physician just as our patients receive from us. We will be better, healthier doctors if we choose to do so. ▲

Dr. Casey is an Oak Park internist.

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

Bernard Fantus, M.D., opens the world's first blood bank

UNTIL WELL INTO the 1930s, collecting blood for transfusion was a frantic, last-minute process. Usually the dying patient's often hysterical family members were assembled to provide blood samples.

1 5 0

"A little blood had to be drawn from half a dozen or even more of these 'volunteers' to find one of the blood type to match that of the patient," wrote Bernard Fantus, M.D., former director of therapeutics at Cook County Hospital, in 1938. "The patient not infrequently expired before blood suitable for transfusion was obtainable. Death sometimes occurred also in the case of those unfortunate persons who, being friendless, could obtain no donor."

But in 1933, an engineer was taken to a Moscow hospital after losing a great deal of blood in a suicide attempt. Doctors revived the young man with blood from the cadaver of a 60-year-old man who had died in an automobile accident some six hours earlier.

News of the successful transfusion and other experiments using "preserved" blood spread through the international medical community, where it reached Maurice Visscher, M.D., at the University of Illinois and Dr. Fantus at Cook County Hospital. Dr. Visscher experimented with cadaver blood in dogs, and suggested to Dr. Fantus that the procedure be used clinically.



Cook County Hospital Archives

Bernard Fantus, M.D.'s blood preservation research led to the establishment in 1937 of the world's first blood bank.

By 1936, Dr. Fantus' own work with dogs had enabled him to make two significant observations regarding blood preservation. He noted both the optimum amount of sodium citrate needed to keep 500cc of blood from coagulating and the best temperature 4 degrees Celsius for storing blood. These findings enabled the preservation of refrigerated blood for up to 10 days.

Having solved the problems of preservation and storage, Dr. Fantus opened the world's first "blood bank" – a term he coined to convey how blood was deposited and withdrawn as needed – at Cook County Hospital on March 15, 1937.

In its first year of operation, Cook County Hospital averaged about 70 blood transfusions a month – a 100 percent increase over the days before the blood bank. Dr. Fantus was scrupulous about testing, labeling and storing blood. As a result, the percentage of patients experiencing complications resulting from transfusions dropped from 30 percent to 8 percent after the blood bank was established.

Medical professionals from around the world came to observe Dr. Fantus' procedures. Within a year after his innovation at Cook County Hospital, 50 U.S. hospitals also had established blood banks. Unlike the practice in the Soviet Union, however, American blood banks used blood drawn from living donors – the idea of using cadaver blood was rejected on medical, religious and moral grounds.

Before earning fame as "the father of the blood bank," Hungarian-born Dr. Fantus had become well-known for his work in making medicine more palatable, a subject he addressed at length in his publication, *Candy Medication*. He particularly endeared himself to generations of children by devising a means to convey cod-liver oil in a chocolate drop.

Dr. Fantus died at age 66, only three years after the blood bank he founded revolutionized surgery and therapeutics. The standards he set for blood transfusions remain largely unchanged today, and in 1987, the American Association of Blood Banks established a lifetime achievement medal in his name. Dr. Fantus was also honored with the opening in 1961 of the Fantus Clinic at the Cook County Hospital site. ▲

News Capsules

Breast cancer brochure

A free brochure, "Breast Cancer: Your Right to Know," is available to physicians and agencies who test for and treat breast cancer. The Illinois Department of Public Health (IDPH) brochure, written for female patients, outlines methods of detecting and treating breast cancer and provides information on finding a doctor, asking the right questions and getting a second opinion. As required by Public Act 85-1426, IDPH developed the brochure in consultation with the Illinois State Medical Society, the advisory board of the American Cancer Society and consumer groups. The brochure contains information to aid the patient in understanding a physician's medical advice, but should not serve as a substitute for such advice. To order a supply of the brochures, write to the health department's Division of Chronic Diseases, 535 W. Jefferson St., Springfield, Ill. 62761. ▲

Searle is pleased to announce...

KERLONE® (betaxolol HCl)

10 mg ITEM #0025-5101
20 mg ITEM #0025-5201

and

CYTOTEC® (misoprostol)

200 mcg ITEM #0025-1461

...are now available for reimbursement from the Illinois Public Aid Formulary

Please ask your Searle representative for more details.

© 1990, G.D. Searle & Co.
C90PA4389T

SEARLE

CASE *in* POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin

If these had been your patients, how would you have handled these cases?

Case #I

Presenting complaint and initial diagnosis – A 21-year-old college student came to her family physician's office with abdominal pain, mainly in the left quadrant; nausea; fever; chills; and vomiting. The preliminary diagnosis was bowel disease and she was admitted to the hospital.

The case in brief – Suspecting inflammatory bowel disease, the physician ordered sigmoidoscopy, barium enema and soapsuds enemas. He ordered a white blood count, which was 15,900 with a shift to the left, but he did not order abdominal x-rays. On the third day he consulted a surgeon, who examined the patient but made no recommendations for surgery. Because the girl's condition was worsening, her parents moved her to another hospital, where a ruptured appendix was diagnosed and immediate surgery was performed.

The resulting claim – The patient sued the physician and the surgeon for failure to diagnose, failure to order proper tests, delay in calling for consultation, delay in taking action, and for pain and suffering.

The outcome of the claim – The family physician argued that left-side abdominal pain was not consistent with a diagnosis of appendicitis. The surgeon argued that the symptoms were difficult and non-specific and that he had intended to see the patient again on that day and was considering surgery. Eventually, the defendants settled for $55,000.

Case #2

Presenting complaint and initial diagnosis – A 47-year-old businessman came to his internist with symptoms of appendicitis, but also with some unusual complaints. The physician's preliminary diagnosis was gastroenteritis and he admitted the man to the hospital.

The case in brief – Once the patient was admitted, tests were ordered to confirm the internist's diagnosis. He failed to order tests that would have ruled out appendicitis. Within two days the patient was so ill that a surgeon was called in. The surgeon immediately diagnosed a ruptured appendix and operated. The patient developed sepsis and renal and respiratory failure. He later died.

The resulting claim – The patient's widow filed a wrongful death action, alleging the physician failed to diagnose, failed to order appropriate tests and failed to follow up her husband's case in a timely fashion.

The outcome of the claim – The physician argued that the patient's symptoms were confusing due to the retrocecal position of the appendix. His records contained discrepancies because he did not complete them until almost a year after the patient died. One note, however, was particularly damaging: "R/O appendicitis." A jury awarded the patient's widow $2 million.

Case #3

Presenting complaint and initial diagnosis – A 23-year-old factory worker came to a hospital ER with severe abdominal pain. He was diagnosed as having appendicitis and was told to see his physician the next day. The man did, and the physician prescribed pain medication and sent him home. Ten hours later, his appendix ruptured. Two surgeries were required to treat the extensive infection.

The case in brief – When the patient went to his physician's office, he underwent a thorough examination. The physician found mild tenderness in the lower-right quadrant, but no rebound tenderness anywhere over the abdomen to indicate peritoneal inflammation. The patient said his nausea was receding and he was not constipated. He was running a fever of 101.2. The physician advised the patient to call him if his condition worsened and, in any case, to call him the next day. The patient left and was later rushed to a hospital, where he underwent surgery for a ruptured appendix.

The resulting claim – The patient's claim alleged failure to diagnose, failure to order proper tests, failure to order a timely consultation and violation of the standard of care.

The outcome of the claim – The physician testified that while the man's symptoms suggested appendicitis, immediate surgery did not seem indicated and he had decided to "wait and see" for a few hours. He said he had emphatically told the patient to call him if he became worse and that the patient had failed to follow orders. The physician's records indicated preliminary diagnosis of probable mild appendicitis, order of a white blood count and other tests, and instructions to the patient for follow-up. A verdict for the defense resulted.

The points these cases make – Illinois State Medical Inter-Insurance Exchange advisers note that appendicitis can sometimes mimic other abdominal disorders. The location of the appendix tip may vary considerably and a retrocecal appendix may be difficult to locate. When clear-cut appendicitis symptoms exist and a misdiagnosis is made, a patient can often establish negligence. Damages may be obtained if the misdiagnosis caused harm or worsened the patient's condition more than it might have had the patient received prompt attention.

"However, a surgeon who concludes in good faith that a patient's condition will be best served by a 'wait and see' approach or a physician who adopts the same attitude toward the decision to send the patient to a surgeon is not negligent. The criteria are the same as are required in any other professional activity – the reasonable standard of care. As long as such a delay occurs under circumstances where the reasonable practitioner would do the same thing, no negligence is present, even if damage results. In fact, it should always be remembered that rushing into surgery might well expose the surgeon or the referring physician to a liability action if the operation turned out to be unnecessary. Only where the reasonable practitioner would have performed immediate surgery is a physician negligent if he fails to do so," wrote Angela Roddey Holder in her text, *Medical Malpractice Law.*

A logical deduction is important, suggest Exchange advisers, and it can be reinforced when a physician conducts a careful physical examination and orders the appropriate tests for appendicitis. Diligent follow-up and a surgical consultation when needed also are underscored. Documenting this reasoning and entering all examination and test results are good bulwarks against a claim of failure to diagnose appendicitis – or any failure-to-diagnose allegation. ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

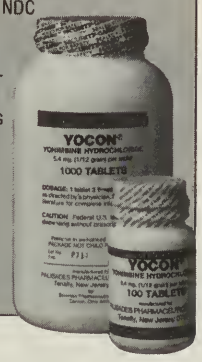
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Exchange policyholder relations department set to open

BETTER POLICYHOLDER service and more efficient processing of initial notification of loss are the goals of a new department of the Illinois State Medical Inter-Insurance Exchange, the state's oldest and largest physician-owned malpractice insurer. The four-person policyholder relations department will begin taking calls after Labor Day, according to Boyd E. McCracken, M.D., chairman of the Exchange's Policyholder Services Committee.

"The policyholder relations department reflects our commitment to make the Exchange more service-oriented toward its members," Dr. McCracken said.

The department will serve as the starting point for inquiries to the claims and underwriting departments, and will centralize the initial notification of loss process. Any calls not directed to a specific underwriter or claims analyst will be taken by a policyholder relations representative. The representative will determine the nature of the inquiry, answer basic questions and refer matters requiring more complex information to the appropriate department.

"With a knowledgeable person answering the phone, we will be able to provide physicians with quick answers to their questions, or take down the necessary information for a complete follow-up," Dr. McCracken said.

The department will also coordinate Exchange activities for the National Practitioner Data Bank (NPDB), which begins operation Sept. 1. Policyholder relations staff will forward reports of indemnity payments to the NPDB within the 30 days required by the act, will coordinate reports with the data bank and will answer questions from physicians about the program.

The department recently completed training, working closely with claims and underwriting staff. Staff members will meet daily with an underwriting supervisor to review calls received that day and their disposition. After three months, a review will analyze initial operations and suggest ways the department may be improved.

"Because it's a new department, we anticipate that assignments and responsibilities will evolve in response to policyholders' needs," said Robert C. Hamilton, M.D., chairman of the Board of Directors of Illinois State Medical Insurance Services, which administers the Exchange. "Our main goal is to improve service to members." ▲

Her anxiolytic is working—but she's alert, functioning, and at no risk of a benzodiazepine withdrawal syndrome when therapy ends.



That's

Efficacy!

BuSpar relieves anxiety and returns your patient to normal activity

...with no more sedation (10%) than induced by placebo (9%)[1]
...without inducing significant cognitive[2] or functional impairment*
...without producing a benzodiazepine withdrawal syndrome[3] upon discontinuation

Effective choice for anxiety

BuSpar®
Tablets, 5 mg and 10 mg
(buspirone HCl)



for a different kind of calm

*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

© 1988, Bristol-Myers Company, Evansville, Indiana 47721, U.S.A. MJL8-4237R2

BuSpar® (buspirone HCl)

References: 1. Newton RE, *et al.* A review of the side effect profile of buspirone. *Am J Med* 1986;80(3B) 17-21. 2. Lucki I, *et al.* Differential effects of the anxiolytic drugs diazepam and buspirone, on memory function. *Br J Clin Pharmacol* 1987;23 207-211. 3. Lader M. Assessing the potential for buspirone dependence or abuse and effects of its withdrawal. *Am J Med* 1987;82(5A) 20-26.

Contraindications: Hypersensitivity to buspirone hydrochloride.

Warnings: The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment.

Precautions: ***General***—*Interference with cognitive and motor performance:* Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol.

Potential for withdrawal reactions in sedative/hypnotic/anxiolytic drug dependent patients: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdraw patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures.

Possible concerns related to buspirone's binding to dopamine receptors: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (eg, dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported; the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (ie, represent akathisia).

Information for Patients—Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding; and not to drive a car or operate potentially dangerous machinery until they experience how this medication affects them.

Drug Interactions—Concomitant use with other CNS active drugs should be approached with caution (see **Warnings**). Concomitant use with trazodone may have caused 3- to 6-fold elevations on SGPT (ALT) in a few patients. Concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations in normal volunteers. The clinical significance is not clear. Buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins, but may displace less firmly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin, phenytoin, phenobarbital, digoxin, and Synthroid.

Carcinogenesis, Mutagenesis, Impairment of Fertility—No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur.

Pregnancy: Teratogenic Effects—Pregnancy Category B: Should be used during pregnancy only if clearly needed.

Nursing Mothers—Administration to nursing women should be avoided if clinically possible.

Pediatric Use—The safety and effectiveness have not been determined in individuals below 18 years of age.

Use in the Elderly—No unusual, adverse, age-related phenomena have been identified in elderly patients receiving a total, modal daily dose of 15 mg.

Use in Patients with Impaired Hepatic or Renal Function—Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment.

Adverse Reactions (See also Precautions): ***Commonly Observed***—The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients, include dizziness, nausea, headache, nervousness, lightheadedness, and excitement.

Associated with Discontinuation of Treatment—The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling; gastrointestinal disturbances (1.2%), primarily nausea; miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary.

Incidence in Controlled Clinical Trials—Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: *Cardiovascular:* Tachycardia/palpitations 1%. *CNS:* Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%. *EENT:* Blurred vision 2%. *Gastrointestinal:* Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%. *Musculoskeletal:* Musculoskeletal aches/pains 1%. *Neurological:* Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%. *Skin:* Skin rash 1%. *Miscellaneous:* Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%.

Other Events Observed During the Entire Premarketing Evaluation—The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses of the drug under well-controlled, open, and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. *Cardiovascular*—frequent: nonspecific chest pain; infrequent: syncope, hypotension, hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. *Central Nervous System*—frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, fearfulness, loss of interest, dissociative reaction, hallucinations, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. *EENT*—frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. *Endocrine*—rare: galactorrhea, thyroid abnormality. *Gastrointestinal*—infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. *Genitourinary*—infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. *Musculoskeletal*—infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias. *Neurological*—infrequent: involuntary movements, slowed reaction time; rare: muscle weakness. *Respiratory*—infrequent: hyperventilation, shortness of breath, chest congestion; rare: epistaxis. *Sexual Function*—infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. *Skin*—infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. *Clinical Laboratory*—infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. *Miscellaneous*—infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, hiccoughs.

Postintroduction Clinical Experience—Rare occurrences of allergic reactions, cogwheel rigidity, dystonic reactions, ecchymosis, emotional lability, tunnel vision, and urinary retention have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar has not been determined.

Drug Abuse and Dependence: ***Controlled Substance Class***—Not a controlled substance.

Physical and Psychological Dependence—Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (eg, development of tolerance, incrementation of dose, drug-seeking behavior).

Overdosage: ***Signs and Symptoms***—At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. No deaths have been reported in humans either with deliberate or accidental overdosage.

Recommended Overdose Treatment—General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

For complete details, see Prescribing Information or consult your Mead Johnson Pharmaceuticals Representative.

U.S. Patent Nos. 3,717,634 and 4,182,763

Mead Johnson PHARMACEUTICALS
A Bristol-Myers Company
Evansville, Indiana 47721

Program seeks broader physician involvement

ISMS teen health and AIDS program gears up for third year



Wm. Daniels/The Photo Partners. Inset: Terry Vitacco

Phyllis Gerber, M.D.: "As representatives of organized medicine, we go out there without a moral judgment to make and present facts that make teens listen." Inset: Students at Curie High School listen attentively during one of Dr. Gerber's AIDS presentations.

THE STORY BEGAN in 1987. The Illinois State Medical Society (ISMS) set out to accomplish a mission: to warn teens they are at risk for AIDS.

ISMS' 1987 president, Edward J. Fesco, M.D., led the way with a statewide speaking and media tour on teen health. "It is our responsibility to help our children come to grips with decisions they will face with respect to sex, decisions that can change their lives forever," he told county medical societies, communities and the media as he traveled through Illinois.

For two years, ISMS presidential tours featured discussions of teen health. The speeches generated hundreds of newspaper and magazine articles and many local radio and television news segments on AIDS and the high rate of sexual activity and risk-taking behavior among Illinois teen-agers.

"The reporters didn't think AIDS among teens was an important problem then," recalled Dr. Fesco in a recent interview. "I kept stressing in interviews the fact that if and when teen-agers used condoms, they thought they could have promiscuous sex and not worry about AIDS. Two years later, AIDS became everyone's problem."

Today, the ISMS AIDS program enjoys a high visibility, reaching teen-agers, teachers and community leaders across the state. The campaign objective is twofold: to help teens understand AIDS and teach them how to reduce their risk of infection through safe behavior; and to alert parents, educators and community leaders that teens are at risk for AIDS. The program stresses the need for appropriate sex education is necessary to prevent today's teens from becoming the next wave to be infected by the HIV virus.

Physician speakers trained statewide

ISMS, with the help of HIV experts, created the AIDS speakers bureau, which is composed of volunteer physicians who address junior high and high school students and parent-teacher groups.

In the fall of 1988 and 1989, ISMS invited members to attend speakers training sessions. These presented physicians with the latest AIDS facts and statistics; a panel discussion with local teens to demonstrate the need for AIDS education; tips for effective presentations, including a videotaped critique of participants; and an update on the ISMS adolescent health campaign.

Anthony Dekker, D.O., a member of the ISMS AIDS speakers bureau and an adolescent medicine specialist at Chicago Osteopathic Medical Center, spoke at a Chicago training session of the need for physician involvement. Since 1985, Dr. Dekker's practice has included 36 adolescents diagnosed as HIV-infected. Two of his patients in their early 20s have died from AIDS complications.

"The best way to prevent uninfected students from becoming infected is to aggressively pursue preventive services," Dr. Dekker stressed. "Talking in the schools is the best place for us to be. This means doctors have to be comfortable with the issues of sexually transmitted diseases, contraception, adolescent behavior and talking in front of groups. Despite this disease having a very high profile in the lay community, the number of physicians who have credible information concerning AIDS continues to be unreasonably low," he added.



Maureen Houston

Kenneth A. Haller Jr., M.D.: "Teens need to know they're not immune to AIDS."



Wm. Daniels/The Photo Partners

Charles Terzian, M.D., told Illinois Medicine, *"As physicians, we are health leaders in our communities and people, especially students, take what we say very seriously.*

As the AIDS speakers bureau grew, the ISMS public relations office began matching volunteer physicians with local schools statewide requesting speakers. To date, more than 300 physicians have spoken to some 10,000 students and adults through the ISMS AIDS and Adolescents Education Program.

In a Mt. Vernon Township High School class, Miles Jones, M.D., presents a slide featuring "Figment," a character in Epcot Center's World of Imagination at Walt Disney World in Orlando, Fla. "Anyone who goes to Walt Disney World knows who Figment is, and I use the slide to demonstrate that 'AIDS is not a Figment,'" explained Dr. Jones. Another slide features a stunt diver who is lit on fire as he jumps off a towering diving board. Written below the picture is the caption, "I hope I'm not going down in flames with you."

"I call my AIDS presentation 'the less-than-60-minutes show,'" said Dr. Jones. "For any group of students, we basically have less than 60 minutes to reach them and that's a challenge. The most disappointing part of the program is that I just don't do enough AIDS talks."

At Stagg High School in Palos Hills, Charles Terzian, M.D., stimulated interaction among students by seating them informally in a circle around himself during his presentation. Dr. Terzian opened the discussion by relating sex to "any interesting or enjoyable activity that can also be dangerous. I would like to tell you a little bit about myself," he says as he attracts their attention. "I used to sky dive. It can be dangerous, but if you take the necessary precautions, it can be safer. Just like sex: sex can be dangerous if you don't take necessary precautions.

"There is personal satisfaction from providing factual knowledge to adolescents, satisfaction in hoping that they will use these facts in altering their sexual or drug-using behavior," Dr. Terzian told *Illinois Medicine.* "As physicians, we are health leaders in our communities and people, especially students, take what we say very seriously."

"I don't know if parents, in general, are equipped to answer questions about AIDS in a non-threatening, honest, non-moralizing manner," added Phyllis Gerber, M.D., who has spoken to more than 2,000 students in Chicago-area schools. "As representatives of organized medicine, we go out there without a moral judgment to make and present facts that make teens listen."

At an ISMS Auxiliary presentation last year, Kenneth A. Haller Jr., M.D., a St. Louis pediatrician, advised physician spouses on how to talk to teens about sexual responsibility. "It's important to tell kids that you don't think sex is the right thing for them to be doing, but that they're individuals. And if they feel that this is something they must do, tell them you want them to be safe and not catch this horrible disease, because they can die from it."



Herrin Spokesman

Miles Jones, M.D.: "I don't do as many AIDS talks as I would like."

Later in his presentation, Dr. Haller told auxilians, "If you are uncomfortable whipping out condoms in front of a bunch of kids, you can get a gym sock out," and he unrolled a bright blue sock down his arm to demonstrate the proper use of a condom.

Students at the University of Chicago and Southern Illinois University (SIU) Medical School in

Illinois Medicine *asked young people in Illinois to respond to our question:*

Would classrooms benefit from physicians speaking to them about AIDS?



John Rogers, ninth grade, De La Salle High School in Chicago

If you learn about AIDS from someone who really knows about it medically, it would be more convincing to students. At our school, they teach about AIDS, but they don't really give you the facts about it. Instead, they tell you to go to the hospital to learn more about it. I know that you can get it through sexual contact, not through shaking hands or toilet seats, but most people aren't as informed as I am. I'm very curious to know more about AIDS because I don't want to get it.



Julie Brunger, recent graduate, Evanston Township High School in Evanston

There would be less confusion about AIDS if we heard the information from a physician. High schools need to offer more AIDS education. I didn't learn much from our high school because I took health freshman year when everyone was starting to find out about AIDS. Since then, there has been much more learned about AIDS and teens need to know.



Paul Hartmann, ninth grade, Woodruff High School in Peoria

I would rather have a physician talk to us about AIDS than a teacher. A teacher would probably look at students differently, while a physician would just tell you the facts and make us feel more comfortable about asking questions. Our school offers some AIDS education, but not a lot. I know freshmen have sex, but they don't care to use protection because they think AIDS can never happen to them.



Lauren Lindstrom, eighth grade, Washington Jr. High School in Naperville

It would be very helpful, even for the sixth and seventh graders. My friends and I don't know a lot about AIDS and how you can get it, except that you can die from it. They don't teach it much in school, but we need to be educated about it.

Photos by William Daniels/The Photo Partners



Wm. Daniels/The Photo Partners

Anthony Dekker, D.O., has treated 36 HIV-infected teens since 1985.

Springfield have provided Illinois physicians with a helping hand by setting up their own AIDS speakers bureaus. "Learning how to explain AIDS to people of that age group has been a valuable and satisfying experience for the dozen SIU students involved with our speakers bureau," said Tracy Osborne, a fourth-year SIU medical school student. "We hope to continue speaking because there's a definite need out there."

ISMS reaches out to Spanish-speaking audiences

This year ISMS expanded its AIDS program by training Spanish-speaking physicians for the speakers bureau and by targeting predominantly Hispanic junior and senior high schools. In addition, the society's English-language AIDS brochure has been translated into Spanish. Both brochures are available without charge from ISMS.

"Because AIDS is more prevalent in the Hispanic communities, it's important that Spanish-speaking physicians volunteer their time and effort to educate...teens," said Adolfo Molina, M.D., a member of the ISMS Spanish-speaking AIDS speakers bureau.

ISMS is working with the American Medical Association (AMA) Youth HIV Education Project on encouraging physicians to work with schools to organize and continue AIDS education in the classroom and with other youth agencies.

"We want to support physicians who feel they're in the best position to do something in their own communities about AIDS," said Missy Fleming, Ph.D., the AMA's program administrator. "We encourage physicians to initiate an effort to work with school boards, school administrators and individual teachers, not to develop curriculum but to say, 'I'm here to help you in any way I can to implement effective HIV education.'"

As the ISMS AIDS speakers bureau enters its third year, the society hopes to broaden physician involvement. The success of the speakers bureau has made participants more aware of the need to reach out to the broader community, including the many teens still at risk. "I don't want to treat more AIDS patients," said Dr. Dekker. "But I will because I have to."

Physicians who would like copies of the AIDS brochure or would like to participate in the ISMS AIDS and Adolescents Education Program, should complete and return the yellow post card enclosed in this issue of *Illinois Medicine* or call the ISMS public relations department at (312) 782-1654 or 1-800-782-ISMS. ▲



Wm. Daniels/The Photo Partners

Adolfo Molina, M.D., speaks in Spanish to Hispanic adolescents about AIDS.

Video and brochures assist MDs in their talks

PHYSICIANS PARTICIPATING IN the Illinois State Medical Society's (ISMS) AIDS and Adolescents Speakers Bureau are equipped for their presentations with a 22-minute videotape and brochures to distribute to students.

Called "AIDS: Choose to Be Safe," the video, designed for physicians to show to students during their presentations, follows a talk-show format and features doctors answering questions from students about AIDS. The video also features "teens on the street" interviews and an interview with a 19-year-old woman with AIDS. The tape is available for loan without charge to schools and social service providers across Illinois.

"You Can't be Too Careful: Facts for Teens (and Their Parents) about AIDS" is a brochure that defines AIDS, how it is transmitted, how teens can avoid AIDS, and where they can get help or answers to questions.

The brochure has been offered to ISMS members without charge for distribution to their patients or to school or community groups. It also was offered free to schools, social service agencies and Illinois legislators, and was publicized through news releases and public service announcements broadcast on radio and television, and through newspaper articles. Physicians who would like copies of the AIDS brochure or would like to participate in the ISMS AIDS and Adolescents Program should complete and return the yellow card enclosed in this *Illinois Medicine* or call the ISMS public relations department at (312) 782-1654 or 1-800-782-ISMS. ▲

Can This Practice Be Saved?

The care and feeding of office staff

by Michael Cohen

INTERNIST Bob Altman, M.D., never checked references before he hired Annie to take over his reception desk. After all, she came with the very best reference: a personal referral from a medical colleague for whom she'd worked for years. In the brief interview Annie seemed like such a good fit that Dr. Altman ended the conversation with, "When can you start?"

But almost from Annie's first day, even Dr. Altman's most loyal, long-term patients had problems with her:

"She puts me on hold and never comes back."

"She lets the patients wait while she talks to her boyfriend."

"I always feel like I'm interrupting her—like she wants me to go away so she can do something really important."

"I don't think blue jeans and open-toed shoes are appropriate for office work."

Complaints about Annie began to invade every minute of Dr. Altman's office hours. His formerly congenial workplace had turned into a minefield of unpleasantness, and he found himself angry and defensive.

"I've got to fire her," Dr. Altman told me. "But I want to make sure I'm protected from lawsuits and unemployment claims."

Instead of counseling Dr. Altman on how to fire Annie, I suggested he try to redeem the situation using the "3Rs:" rehabilitation, remediation and recruitment.

1. *Rehabilitation*: Dr. Altman admitted that Annie might be failing because he hadn't directly expressed his expectations to her. I recommended that he develop a "user friendly" policy manual that established simple performance standards such as: "Always answer the phone within four rings;" "Never keep a caller on hold more than one minute;" "Keep the waiting room free of litter." Setting standards would shift the burden for success to Annie and provide the doctor with objective measures against which to evaluate her performance.
2. *Remediation*: I suggested that Dr. Altman discuss with Annie how she would like to be treated if she were a patient in the practice. Stressing the broader context of her job (as a reflection of the doctor's positive image), Dr. Altman could identify the undesirable behaviors he'd observed and contrast them with the standards he would like to maintain—then secure Annie's commitment to improve within a specific time frame. If Dr. Altman really believed termination was imminent, he could document the session, recording both sides of the conversation, the remedies prescribed and the commitments made.

   After this counseling session, it would be Dr. Altman's responsibility to praise Annie when she met standards and remind her of negative behaviors in a non-confrontational manner. And most important, he would conduct a second session to evaluate her progress—or, if no improvement was achieved, to terminate her employment for precise, objective reasons.
3. *Recruitment*: Even if none of these steps saved Annie's job, Dr. Altman would already be better prepared to hire, train and retain a good receptionist. First, he would have learned the importance of an in-depth interview, which explores how the prospect thinks certain duties should be handled. Second, he would know the importance of checking references and discussing with those references the applicant's performance in the specific areas he views as especially important. Third, Dr. Altman would know the importance of setting a clear set of standards, so that once the new receptionist starts work, she would know from day one what was expected of her. And finally, the doctor would have practiced the counseling skills required to identify and correct problems before they reach crisis proportions.

All of these strategies should be executed within the context of expert counsel from legal and human resources professionals. Most lawyers representing medical practices have a working knowledge of labor law, and nearly every hospital has a specialist in the field of human resources. These professionals can help doctors develop positive supervisory, remediation and recruitment skills; identify appropriate employee training programs; and guide doctors around the legal pitfalls of discharging an unsatisfactory employee.

Michael Cohen is a management consultant in leadership and organizational effectiveness from Oak Park, IL.

"Can This Practice Be Saved" is a periodic column written by Illinois practice management consultants. The practices described are real, although the names have been changed to preserve confidentiality.

For Your Patient Referral Needs

One Call Gets Us All
1-800-472-3660
or
Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex

MEDICAL COLLEGE OF WISCONSIN

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

****Arieff**
Alex Arieff, M.D., of Chicago, died February 6, 1990 at the age of 81. Dr. Arieff was a 1933 graduate of Northwestern University Medical School, Chicago.

***Babb**
Malcolm C. Babb, M.D., of Daytona Beach, FL (formerly of Wheaton), died February 19, 1990 at the age of 74. Dr. Babb was a 1943 graduate of the University of Illinois College of Medicine, Chicago.

***Bailey**
John J. Bailey, M.D., of Rockford, died January 31, 1990 at the age of 69. Dr. Bailey was a 1945 graduate of the University of Illinois College of Medicine, Chicago.

****Barth**
Earl Barth, M.D., of Evanston, died February 11, 1990 at the age of 88. Dr. Barth was a 1928 graduate of Northwestern University Medical School, Chicago.

***Burrows**
Ruth E. Burrows, M.D., of Chicago, died January 27, 1990 at the age of 73. Dr. Burrows was a 1951 graduate of the Medical College of Pennsylvania, Philadelphia.

****Danforth**
David N. Danforth, M.D., of Evanston, died January 22, 1990 at the age of 77. Dr. Danforth was a 1939 graduate of Northwestern University Medical School, Chicago.

****DeLong**
Edward E. DeLong, M.D., of Waukegan, died February 11, 1990 at the age of 80. Dr. DeLong was a 1935 graduate of the University of Illinois College of Medicine, Chicago.

***Dolyniuk**
Myron Dolyniuk, M.D., of Hinsdale, died February 24, 1990 at the age of 38. Dr. Dolyniuk was a 1977 graduate of the University of Chicago Pritzker School of Medicine, Chicago.

****Dwan**
Francis M. Dwan, Sr., M.D., of Summit, died February 10, 1990 at the age of 80. Dr. Dwan was a 1939 graduate of Loyola University Stritch School of Medicine, Chicago.

***Esposito**
Peter T. Esposito, M.D., of Chicago, died February 1, 1990 at the age of 74. Dr. Esposito was a 1940 graduate of the University of Illinois College of Medicine, Chicago.

Feldman
Walter Feldman, M.D., of Charlotte, NC (formerly of Chicago), died January 31, 1990 at the age of 73. Dr. Feldman was a 1942 graduate of Tufts University School of Medicine, Boston, MA.

***Gaines**
Herbert R. Gaines, M.D., of Skokie, died January 17, 1990 at the age of 73. Dr. Gaines was a 1948 graduate of Chicago Medical School.

***Gold**
Ira I. Gold, M.D., of Chicago, died February 1, 1990 at the age of 39. Dr. Gold was a 1976 graduate of Stanford University School of Medicine, Palo Alto, CA.

****Hanson**
William L. Hanson, M.D., of Belleville, died January 11, 1990 at the age of 97. Dr. Hanson was a 1913 graduate of Washington University School of Medicine, St. Louis, MO.

****Herron**
Harold Herron, M.D., of Chicago, died January 22, 1990 at the age of 75. Dr. Herron was a 1939 graduate of the University of Illinois College of Medicine, Chicago.

****LaRue**
Robert E. LaRue, Jr., M.D., of Green Valley, AZ (formerly of Erie), died January 26, 1990 at the age of 82. Dr. LaRue was a 1933 graduate of the University of Louisville School of Medicine, Louisville, KY.

***Lassen**
Werner J. Lassen, M.D., of Tequesta, FL (formerly of Chicago), died January 3, 1990 at the age of 79. Dr. Lassen was a 1943 graduate of Chicago Medical School.

***O'Connell**
Franklin T. O'Connell, M.D., of Evanston, died January 27, 1990 at the age of 63. Dr. O'Connell was a 1948 graduate of Loyola University Stritch School of Medicine, Chicago.

Pfuetze
Karl H. Pfuetze, M.D., of Overland Park, KS (formerly of Hinsdale), died January 12, 1990 at the age of 81. Dr. Pfuetze was a 1934 graduate of the University of Kansas School of Medicine, Lawrence.

***Schwartz**
Gabriel H. Schwartz, M.D., of Lake Forest, died December 13, 1989 at the age of 52. Dr. Schwartz was a 1962 graduate of Columbia University College of Physicians and Surgeons, New York, NY.

****Shapiro**
William W. Shapiro, M.D., of Chicago, died December 12, 1989 at the age of 86. Dr. Shapiro was a 1925 graduate of Rush Medical College, Chicago.

****Starstak**
Casimir R. Starstak, M.D., of Oak Brook, died December 28, 1989 at the age of 75. Dr. Starstak was a 1939 graduate of Loyola University Stritch School of Medicine, Chicago.

***Suker**
Jacob R. Suker, M.D., of Chicago, died December 28, 1989 at the age of 63. Dr. Suker was a 1956 graduate of Northwestern University Medical School, Chicago.

***Venckus**
Julius Venckus, M.D., of Palm Bay, FL (formerly of Lockport), died January 15, 1990 at the age of 81. Dr. Venckus was a 1943 graduate of Chicago Medical School.

***Weiss**
Gerald E. Weiss, M.D., of Oak Lawn, died January 9, 1990 at the age of 57. Dr. Weiss was a 1958 graduate of Faculte de Medecine de l'Universite de Geneve, Geneva, Switzerland.

***Weiss**
Manuel B. Weiss, M.D., of Northbrook, died January 10, 1990 at the age of 74. Dr. Weiss was a 1941 graduate of the University of Illinois College of Medicine, Chicago.

The Simple Pleasures

Remember when every major medical plan was like this . . .

NO PRE-APPROVALS

CHOOSE YOUR OWN DOCTOR & HOSPITAL

FAST FRIENDLY CLAIMS SERVICE

"No pre-approvals," the doctor said. The doctor just as easily could have declared that they were free to go to their favorite doctor *and* the trusty local hospital, with no questions asked. "We also enjoy fast, friendly claims service," added the office manager. "And the PBT's representatives always make me feel like they're on my side." It's not always this easy to find life's simple pleasures . . . great personal service . . . experienced staff used to meeting the needs of physicians and group practices . . . outstanding coverage options . . . and best of all—low group rates. However, it's what you would expect from your medical society's own program. After all, it's just what the doctors ordered!

If you're looking for the simple pleasures of a worry-free Office Benefits Program for your practice, you'll love the PBT. Enjoy our Major Medical Plan and your choice of Dental, Life, Disability and Dependent Life coverages.

For information, call toll free: (800) 621-0748. Or call (312) 559-9130 or mail coupon.

Please send information about the Office Benefits Program.

Coverage Includes:
☑ Major Medical
Options:
☐ Dental
☐ Life
☐ Disability
☐ Dependent Life

Office Manager/Contact Person: _____
Practice Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Total Number of Physicians & Staff: _____
ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.
(Formerly The Hardy Group, Inc.)

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601



by Judy Alsofrom

Study looks at influenza vaccination

Free influenza vaccine will be distributed to health care providers in 34 Illinois counties in September. The program is part of a national project to determine the cost-effectiveness of Medicare coverage of flu vaccination.

Hospitalization rates and coverage levels for influenza and pneumonia in the 34 pilot counties will be compared with rates in 36 control counties with similar Medicare Part B populations.

The Illinois Department of Public Health (IDPH) will provide free flu vaccine to physicians, hospitals, health care agencies, visiting nurses associations, nursing homes and local health departments under the program, sponsored by the Health Care Financing Administration (HCFA). MDs, hospitals and home health agencies will receive $8 per patient to administer the vaccine; all public health clinics and nursing homes will receive $4 per patient. The higher fee for physicians and similar health care providers assumes that they will administer the vaccine individually in an office setting, whereas public health clinics will administer the vaccine in a less costly group setting.

HCFA and IDPH will also offer educational and motivational activities to physicians and patients on getting the vaccine and avoiding the flu.

Physicians in the pilot counties must accept patients on assignment and agree not to charge for administering the vaccine, the health department said. HCFA and IDPH hope to determine if free flu shots "are inducement enough to get people in to get vaccine," a department spokesman said. "We'd like to see 60 percent of those in the intervention area take advantage of the flu vaccine," the spokesman said. Pilot-county residents 65 and older who are Medicare Part B beneficiaries and who pay the additional Part B fee are all eligible for these shots.

Salmonella risk in tomatoes, eggs

A tomato omelet may not be the most healthy entree on an Illinois menu these days. Outbreaks of an uncommon strain of salmonella have been traced to fresh tomatoes in the Midwest, while reports continue to arrive from the eastern United States about salmonella outbreaks traced to eggs.

Salmonella javiana, one of 2,000 salmonella serotypes, usually occurs once or twice a month in Illinois. Nevertheless, IDPH received reports of 56 such cases between July 1 and July 25. No new cases have been reported since then. While collecting detailed information on the patients (food, travel, pets), health officials discovered reports of similar outbreaks of this serotype in Minnesota.

An investigation was launched by IDPH with Minnesota, Wisconsin and Michigan, all of which have reported several cases of Salmonella javiana. Epidemiological data eventually pointed to fresh tomatoes as the source of the multistate outbreak – tomatoes either purchased in the supermarket and consumed at home or eaten in a restaurant.

IDPH advises physicians and their patients that there may be a risk associated with eating fresh tomatoes if they are not washed or if a portion of the tomato that is not smooth – such as the stem area – is not removed. Consumers should also be wary of tomatoes with bruises or irregular areas on the smooth skin. These may be small breaks that could allow the salmonella organism to penetrate the fruit.

IDPH has received reports all summer of salmonella outbreaks on the East Coast associated with fresh eggs. Outbreaks of Salmonella enteritidis have been reported in upstate New York, Connecticut, Maryland, District of Columbia, Pennsylvania and Tennessee. Health officials remind physicians and their patients that it is unwise to consume raw eggs.

Health officials also warn that quantities of eggs should not be pooled before cooking – such as mixing up a large batch of scrambled eggs for a family that might eat in shifts. Even if the egg mixture is refrigerated, the risk of salmonella remains. According to IDPH, the risk of contracting salmonella if one eats eggs one at a time is 1 in 10,000. If 500 eggs are pooled (for a restaurant breakfast shift), the risk increases to 1 in 20. The last outbreak of salmonella associated with eggs in Illinois occurred in 1988.

Encephalitis cases reported

Mosquito-borne encephalitis is once again in the air. Six cases with evidence of non-bacterial infections of the central nervous system have been reported to IDPH.

The acute-phase blood tests on these patients show positive titers for St. Louis and California encephalitis. The three cases of California encephalitis (which have yet to be confirmed by convalescent tests) are from Kane, Peoria and Clark counties. The three cases of suspected St. Louis encephalitis are from Cook, Rock Island and St. Clair counties. ▲

Mandatory arbitration

(continued from page 3)

Each county must decide whether to implement a mandatory arbitration program, following the state Supreme Court's guidelines, Keleher said.

DuPage County began its mandatory arbitration program in June 1989, and Lake County followed suit in November of that year, said Loretta Glenny, administrator of Winnebago County's program.

Of the 219 cases that have gone to arbitration in Winnebago County since the program began in 1987, only a few involved medical malpractice claims, Glenny noted.

Most have involved "contract matters, automobile or property damage, personal injury." Awards decided by the arbitration panel have been rejected in about 25 percent of the cases, she said.

In the majority of those cases that have been rejected, Glenny added, most have been settled or dismissed prior to a second trial.

"It's really a speedy method of a trial," she concluded. "Our attorneys are very pleased with the system."

"I'm in definite favor of the program," Clancy said. "It's more like two people talking in their kitchen and trying to resolve [their dispute], and not as technical" as a trial, he said.

"They can come in with a lot less expense . . . and [obtain] a quicker resolution," he added.

Clancy said the program would have a more direct effect on the medical field if the $15,000 limit on monetary damages is raised.

"There's nothing official pending on that right now," Keleher said. "There's rumors and that's about it." Such a move would be up to the Illinois Supreme Court.

Keleher noted, however, that the composition of the high court will change next year with the resignation of three justices, and that could mean alterations will be in store. ▲

Why does
JACKSON &
COKER
recruit more physicians each year than any other company?

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER



Wm. Daniels/The Photo Partners

Rainy weather forced CareVan officials to move their services indoors at an Aug. 17 stop at 8516 S. Commercial, Chicago. Officials are anticipating higher participation in the CareVan programs as children prepare for the first day of classes.

CareVan

(continued from page 2)

increased participation in recent weeks.

CareVans gear up for school-year immunization push

Officials anticipate even higher utilization as the school year approaches. More parents will be thinking about immunizations, Drews said.

"Indirectly it's just occurring," he said. "You really don't need any big push because right now parents are becoming aware that it's time to return to school. ... They're becoming very conscious of the need for immunizations."

CDOH will work with the Chicago Board of Education on immunizing more than 10,000 children before they can begin the school year. According to Hadac, the CareVan schedule will be flexible during the weeks before and after classes start Sept. 5, so the vans can be directed to schools where many students need shots. In addition, a lead-screening van has been equipped for immunizations and will assist in immunization efforts.

Last year, 5,697 students were unable to attend classes until they furnished proof of immunizations, according to a spokesman for the board's medical department. Preschool, kindergarten, and first, fifth and ninth grade students must have had a physical examination and received immunizations by the first day of school. Fifth grade students must provide proof of a second measles shot, and all new students to Chicago schools are required to provide appropriate immunization documentation.

"There were people who were disappointed that more people were not utilizing the service," White said of the initial response to the program. "But just like everything else it's new and come September, when these children will have difficulties getting back in school ... we cannot schedule enough places." ▲

Trauma centers

(continued from page 1)

need to fund the trauma system so that it will remain viable."

Hackett noted that chronic underfunding and subsequent losses forced four of the 10 Chicago-area Level I trauma centers to withdraw from the system. "Clearly, those remaining providers now bear added medical, social and financial responsibility for trauma care while per-facility utilization skyrockets and the system becomes increasingly imperiled," she said.

"Sadly, the trauma study confirms our worst suspicions," said IHA President Ken Robbins. "It also emphasizes the urgent need for the Illinois General Assembly to override the governor's veto of $115 million in Medicaid funds." Robbins said that $44.3 million of the $115 million appropriated was earmarked for hospital reimbursement.

IDPA disputes conclusions

"While it's recognized that many Illinois hospitals face difficulties, the study seriously understates the new financial support the state has provided over the last year," IDPA Director Kathleen Kustra said in a statement issued Aug. 15.

IDPA said 1989 data used in the study ignored more recent data reflecting higher state Medicaid payments to hospitals. "The authors of the report left out key information that would have presented a more positive and up-to-date financial picture of Illinois hospitals," Kustra said.

IDPA spokesman Dean Schott said the study ignored the more than $55 million spent in fiscal 1990 to help those hospitals caring for a disproportionate share of Medicaid patients. That amount will rise to $60 million for fiscal 1991. Schott also said the report failed to utilize renegotiated Medicaid inpatient reimbursement rates with Chicago hospitals that resulted in an average 22.3 percent increase. Those rates took effect Sept. 1, 1989.

In addition, Schott criticized the study's possible use in some cases of unaudited hospital charges to determine costs. He said hospital charges are set to maximize revenue and thus are not actual costs. Moreover, unaudited costs are on average 10 percent higher than audited costs, he said.

Finally, IDPA also charged that the study compared expensive trauma care with IDPA's per diem rate, which is an average covering both high- and low-cost care, and that the report focused on inpatient costs instead of outpatient costs, where most trauma expenses occur.

Meanwhile, Bernard J. Turnock, M.D., director of the Illinois Department of Public Health (IDPH), said Aug. 14 that the agency has developed a plan for allocating a $5 million trauma grant approved June 30. Allocations will be based on volume of low-income trauma patients, severity of injury and financial need.

Four Level I centers in Chicago – Cook County Hospital, Mt. Sinai Hospital and Medical Center, Northwestern Memorial Hospital and Illinois Masonic Medical Center – will share approximately 60 percent, or $3 million of the grant. The remaining $2 million will be distributed among the 12 remaining statewide Level I centers. IDPH said exact amounts for each hospital will be announced by Jan. 1, 1991. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; I/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Otolaryngology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Pediatrician: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE pediatrician to join department of 17 BC/BE pediatricians. Two year guarantee plus comprehensive benefit package offered. The community offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Dermatology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820; 217/351-1285.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician wanted. Pediatrician, with or without training in allergy, to join rapidly expanding solo practice near Chicago. Excellent opportunity. Reply to Box 2171, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

ENT—Effingham, Illinois. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Large south side practice is looking for energetic physicians to join a stable practice of twelve years. Looking for (1) family practitioner, (2) general practitioner, (3) pediatrician. Please respond in confidence to: P.O. Box 578, Chicago, IL 60617.

Medical center seeking physicians to work part time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call 708/390-0300 or 708/390-9300.

OB/gyn—family practice—general surgery— internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc., 12724 N. Maplecrest Lane, Mequon, WI 53092, 1-800-243-4353.

General Surgeon—BC/BE to join multispecialty group in southern Illinois serving population of about 20,000. Within 20 miles of Southern Illinois University Medical School, 120 miles from St. Louis, MO and 45 miles from Paducah, KY. Modern 40 bed hospital with x-ray, lab, CT scan, ultrasound and special care unit. Must be willing to do some primary care. (No OB). Guaranteed income with all practice expenses paid plus incentive. Write: E. A. Helfrich, Administrator, Union County Hospital, Anna, IL 62906; 618/833-4511 call collect.

Family physician—well equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five-room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone 618/285-6634.

St. Louis University's HealthLine Physician Services is currently recruiting primary care physicians to provide clinical services in the emergency department of Harrisburg Medical Center in Harrisburg, IL; full-time and part-time positions are available. Moderate volume; 24-hour radiology, anesthesiology, laboratory; strong ED nursing and medical staff support. Competitive hourly rate with professional liability insurance provided. Contact Gerry Liebmann, 1-800-443-3901, 3663 Lindell, Suite 400, St. Louis, MO 63108.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin, 44 physician, multispecialty group is seeking two internists, a vascular surgeon, a rheumatologist, an OB/gyn, an ophthalmologist and a neurologist. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Parkway, Beloit, WI 53511, or call 608/364-2200.

Pediatrician, OB/gyn, family practitioner, general surgeon. Growing 17 physician, multispecialty clinic in beautiful northwestern Wisconsin seeking BC/BE specialists. Attractive partnership opportunity. Come grow with us! Contact Donald W. Clemens, Administrator, Indianhead Medical Group, Ltd., 1020 Lakeshore Drive, Rice Lake, WI 54868. Phone 715/234-9031.

Looking for an associate to join a well established primary care medical practice near Chicago, with an option to take over the practice. Call 815/786-9767.

Pediatrics—Brainerd, MN: Join 2 pediatricians in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Need medical oncologist in practice to associate with cancer center. Write to Box 2172, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine—Brainerd, MN: Join 7 internists in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

BC/BE internist for rapidly growing ambulatory care service of university affiliated hospital. Responsibilities include ambulatory general internal medicine and admitting room. Also available is vacancy for candidate with interest/experience in inpatient geriatrics. Salary range starting at $75,000-$84,000. Excellent federal benefit package. Address CV to: Uma Sekar, M.D., Associate Chief of Staff/Ambulatory Care, Veterans Affairs Medical Center, 1900 E. Main, Danville, IL 61832.

Internal medicine: immediate opening for BC/BE primary care internal medicine or family practice physician in VA outpatient clinic, Peoria. No inpatient responsibilities or after hours call schedule. Competitive salary and fringe benefits in medium-sized midwestern city with many cultural opportunities. Write or call K. Warrier, M.D., Chief Medical Officer, 411 Dr. Martin Luther King, Jr. Dr., Peoria, IL 61605; 309/671-7390.

Cardiology: 70-doctor multispecialty group seeking third cardiologist to associate in excellent growing consultative practice, combining both invasive and non-invasive opportunities. Well equipped offices within a well staffed, modern hospital minutes from clinic; "state of the art" catheterization laboratory with digital angiography and full non-invasive cardiac lab. New ICU and CCU being built. Drawing area 400,000. Stimulating midwest Big 10 university community of 100,000 with cultural advantages. Ideal for family. Medical school teaching affiliation. Excellent initial guarantee and fringes with early associateship and subsequent income based exclusively on productivity. Send CV to Ronald H. Deering, M.D., 101 W. University, Champaign, IL 61820.

Private practice opportunities exist in southern Indiana affiliated with a 590 bed hospital. Specialties include internal medicine and family practice. Competitive compensation plan and attractive partnership arrangement available. Send CV to Don Hoit, 11222 Tesson Ferry Rd., Suite 203, St. Louis, MO 63123, or call 1-800-336-3963.

LifeSpan Health Care Services seeks family physicians for Cambridge, MN, Crosby, MN, Grantsburg, WI, Hopkins, MN, Lakefield, MN, Litchfield, MN, Minneapolis, MN, Monticello, MN, Springfield, MN, St. James, MN, Wayzata, MN, Woodville,WI. For further information contact: LifeSpan Health Care Services, 800 E. 28th St., Minneapolis, MN 55407; 612/863-4193. Ask for Jerry Hess.

Chicago area: the expansion of our leading psychiatric group calls for two additional general psychiatrists and one more child psychiatrist who are clinically competent, team-oriented, and dependable. Experience with chemical dependency treatment and inpatient work is a plus. We offer a high guaranteed salary, profit-sharing, flexible scheduling, paid vacations and holidays, CME time, an outstanding benefits package, and paid malpractice and hospital dues. These positions include outpatient and inpatient services in Chicago and the suburbs. For information, call Michelle Peterson at 708/323-4302.

Gastroenterologist wanted—Florida—Terrific medium sized coastal town. Two personable solo GE's seeking same to share heavy case load and coverage. Mail CV to Richard Libby, 5510 Montgomery St., Chevy Chase, MD 20015.

Family practitioner needed for several openings in: California, Texas, Florida and several other exciting locations. As an Air Force officer you'll practice quality medicine on quality people—where the patients' needs come first. (Applicants must be on active duty before their 58th birthday.) Reach new heights. Call stat! 1-800-531-5980. Or send CV to Colonel William E. Patterson, HQ USAFRS/RSH, Randolph AFB, TX 78150.

Internal medicine, OB/gyn, family practice. Opportunities available for BC/BE physicians to join independent, multispecialty group with 10 clinics in the Minneapolis/St. Paul metropolitan area. Fee-for-service and pre-paid patients, highly competitive earnings, excellent benefit package. Reply: Nancy Borgstrom, Aspen Medical Group, 1020 Bandana Blvd. West, St. Paul, MN 55108; 612/641-7185.

Chicago, IL—Emsco Management Services currently staffs eight emergency departments and four ambulatory care facilities within the metropolitan Chicago area. If you would like to become a member of a group committed to excellence, please call or send your CV for immediate consideration to: Diane Temple, 907 N. Elm St., Suite 301, Hinsdale, IL 60521, 708/654-0050.

Obstetricians/gynecologists—Illinois. Board certified or board eligible obstetricians and gynecologists wanted to join a 210-physician, multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801, or call collect at 217/337-3417.

Pediatricians—Illinois. Board certified or board elgible pediatricians needed to join 210-physician multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801; or call collect at 217/337-3417.

Alton, IL—within thirty minutes of downtown St. Louis. Are you interested in being on the staff of a 210-bed acute care hospital in Alton, IL? An opportunity exists for the right physician to take over a well established practice. The hospital is offering a generous compensation package including a first year income gnarantee and office facilities. For additional information call Mary Packard at 1-800-441-0996 or call collect in Pennsylvania at 215/896-5080, or mail your CV to: Mary Packard, Garofolo, Curtiss & Co., 326 W. Lancaster Ave., Ardmore, PA 19003.

Opportunity in Illinois. A family oriented community in Illinois (one hour west of Chicago) seeks a BC/BE FPR to join a group of family practitioners. Partnership is available within a year. Our client, a 72-bed hospital provides care to over 24,000 people. Income guarantee, malpractice, relocation expenses and benefits are being offered. For additional information about this or other opportunities please call Mary Packard at 1-800-441-0996 or call collect in Pennsylvania at 215/896-5080 or mail your CV to: Mary Packard, Garofolo, Curtiss & Co., 326 W. Lancaster Ave., Ardmore, PA 19003. All inquiries will be treated with complete confidentiality.

Opportunity in Illinois. Evanston, Illinois—"North Shore" suburb of Chicago. The Center For Women's Health is seeking a physician to join their staff of physicians and other health care professionals. Opportunity for speaking and teaching on specific women's issues is available. The center is affiliated with a leading medical center in Chicago. Salary and benefit package is offered. For information call Mary Packard at 1-800-441-0996 or collect in Pennsylvania 215/896-5080. or mail your CV to: Mary Packard, Garofolo, Curtiss & Co., 326 W. Lancaster Ave., Ardmore, PA 19003.

Busy practice, geripsychiatry, looking for full or part-time psychiatrists. Please call and/or send your CV to Center for Psycho-Social Development, 300 N. State St., #5308, Chicago, IL 60610; 312/565-2251.

Family practice, Minnesota—Physician needed for employment or ownership of broad based practice in rural community 45 minutes south of metro area. Existing shared call, tremendous earning history of retired physician, fully equipped and staffed office. Near outstanding hospital with all specialties represented. Guaranteed compensation, full benefits, bonus. For this and other opportunities in the upper midwest, send CV: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect 612/454-7291.

Family practice, northwest Iowa. An exceptional teaching/practice opportunity in Sioux City, Iowa with a well-established family practice clinic affiliated with the University of Iowa Residency Program. This clinic serves over 30,000 patients annually and is located within one mile of two regional medical centers. Excellent compensation potential in excess of 100K for a qualified BC/FP physician. Many recreational and cultural opportunities plus a lifestyle unequalled in larger urban areas are available in our community. Call Bruce Blankley at 1-800-666-4041 to find out more, or send CV to: Williams & Company, Dept. 4, P.O. Box 268, Sioux City, IA 51102.

Radiologist. Board certified. Immediate opening, full-time. Chicago south suburb. Competent in all phases of diagnostic imaging including special procedures, MRI and ultrasound. Send CV to: Radiology Center, Box 2399, Homewood, IL 60430.

Non-invasive cardiologist—Four physician, single specialty cardiology group has an immediate opening for a BE/BC non-invasive cardiologist. Echo, doppler, holter and treadmill are established in-clinic. Full invasive and surgical programs are established. The practice serves a large and expanding regional referral area in mid-Michigan. Generous compensation and early partnership are available. Send CV to: The Heart Group, P.C., Attn: N. Polzin, 4701 Towne Center Rd., Suite 201, Saginaw, MI 48604.

Invasive cardiologist—Four physician, single specialty cardiology group has an immediate opening for a BE/BC invasive cardiologist. Fully equipped cardiovascular labs are expanding and an excellent cardiovascular surgery program is established. The practice serves a large and expanding regional referral area in mid-Michigan. Generous compensation and early partnership are available. Send CV to: The Heart Group, P.C., Attn: N. Polzin, 4701 Towne Center Rd., Suite 201, Saginaw, MI 48604.

Family planning clinic looking for board certified gynecologist with own malpractice to do pregnancy terminations 1-2 mornings a week. Send resume to: Administrator, P.O. Box 608, Elgin, IL 60121.

X-ray technologist, experienced. For work with S.W. side group—established 44 years. Convenient to all expressways. Opportunity to work with patients in areas other than radiology. Bilingual English and Spanish preferred, but not necessary. Full or part-time. Contact: David Rosner, M.D., 312/247-4900.

Psychiatrist: Southern Illinois University School of Medicine and Andrew McFarland Mental Health Center are seeking a BC/BE psychiatrist. Academic rank of assistant professor, clinical duties on a chronic or subacute inpatient unit. Minimal weekend and on call. Send vita to: Richard Herndon, Business Manager, Department of Psychiatry, P.O. Box 19230, Springfield, IL 62794-9230.

Situations Wanted

Podiatrist seeking full/part-time position, Chicagoland area. Residency trained, fluent in Spanish. Write: 1134 N. Wolcott, #3R, Chicago, IL 60622-3714; or call 312/276-7349.

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General practitioner—IL license, DEA certified. Wants part-time position in metro Chicago area. No Medicaid. Call 708/206-1337 evenings.

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

Dental office—beautiful office in prestigious modern building. Excellent busy location. Three exam rooms, lab, private office, washrooms and parking. Waukegan, IL; 708/244-8340.

Oak Brook. Exquisite country French home with tennis court. Five bedrooms, library, 3-1/2 baths, finished basement, three car garage. Hinsdale district. 708/325-4376.

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Established pediatric practice for sale in growing young community of Bolingbrook. Well equipped office in medical building. Anxious for prompt sale. For information call 708/852-1948 after 8pm.

Active established primary care practice. Completely equipped, staffed and computerized. Excellent patient base. Will introduce. Chicago location. Call 312/346-3364.

Medical suite for rent: in high traffic, stable working community in Chicago area. Excellent demographics. Large modern suite with accessible parking. 312/238-6686.

Prime medical space. Eminent architect will design. 1,750 square feet. Southwest Chicago-Beverly Hills, historic landmark "Village in the City," central location. Parking. Call 312/445-3942.

Miscellaneous

Attention: Earn money reading books! $32,000/year income potential. Details. 602/838-8885 ext. BK-17390.

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing. Computerized system can be customized to meet the needs of your practice. Accurate ICD-9 and CPT coding. Insurance filing and follow-up. Financial reports showing practice analysis. Contact Golden Office Management, Inc., 3317 W. 95th St., Evergreen Park, IL; 708/423-7778.

SMC: POL consulting; quality assurance is quality care. Laboratory compliance: federal and state regulation; quality control programs, safety, procedure manuals, instrument maintenance logs, correlation analysis. Complete laboratory evaluation. Free POL assessment. 312/882-4526.

Custom computer graphic slides. For your next lecture, let us design your slides. As specialists in the medical photography field, we are experts in design, color, details, and backgrounds. Pick up and delivery available. Unbeatable prices. For information and sample slides call Phil, 312/508-0811.

Free marketing kit. Learn how to attract new patients with new, inexpensive, inspiring marketing tools. Beats anything you've tried so far. Call 1-800-347-8172.

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

RISK MANAGEMENT

MANAGING RISK IS AN ESSENTIAL FOR PHYSICIANS IN TODAY'S MEDICAL-LEGAL CLIMATE.

Exchange physicians and staff show policyholders practical ways to reduce risk and prevent lawsuits–ranging from educational materials to counseling of individual physicians.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians
SINCE 1976

NATIONAL LIBRARY
SEP 12 1990
OF MEDICINE

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

WI IL417L
V.2 NO.18 1990
C.01--------SEQ: SP0063601
TI: ILLINOIS MEDICINE

Illinois Medicine

September 14, 1990

ILLINOIS STATE MEDICAL SOCIETY

Analysis of Cook County election races 10

MD survey: malpractice concerns foremost

THE "CRISIS" IN professional liability may have eased, but malpractice continues to head the list of issues most important to Illinois physicians, according to the 1990 Illinois State Medical Society (ISMS) member survey.

Asked to rank the most important problems facing them today, Illinois doctors listed "problems concerning medical professional liability" as their top choice, continuing a trend first measured seven years ago.

Highlights of the issues section of the survey include:

- Forty percent of the doctors surveyed named malpractice as the single most important issue affecting their practices. The primacy of that citation was consistent across all age and geographic divisions of the physician population.
- The issue cited most often after malpractice, "restrictions on medical practice from third party payers," lagged far behind, with a ranking of only 19 percent, less than half that garnered by malpractice issues.
- The number of doctors who report they have been sued for malpractice is down from 57 percent in 1987 to 51 percent in 1990. Physicians in high-risk specialties and physicians over the age of 55 are most likely to have been sued, according to the survey.
- Doctors continue to report changing the way they practice in response to the professional liability situation. The number who reported they have changed their practice methods "a great deal" increased from 30 percent in 1987 to 35 percent in 1990. Only 6 percent reported making no changes in the way they practice.
- Specific changes doctors reported making include practicing more

(continued on page 16)

Turnock resigns from IDPH

By Sean McMahan

BERNARD TURNOCK, M.D., announced Aug. 27 that he will resign as director of the Illinois Department of Public Health (IDPH) effective Sept. 16. Gov. James R. Thompson accepted Dr. Turnock's resignation and named John Lumpkin, M.D., acting public health director.

"During his five years as director, Dr. Turnock has been an outstanding leader and has fashioned programs that have addressed the major social problems of infant mortality and teen-age pregnancy," Thompson said. Dr. Turnock will become associate dean of public health and clinical professor of community health sciences at the University of Illinois School of Public Health in Chicago.

"I've been able to accomplish most of what I've set out to do," Dr. Turnock told *Illinois Medicine* shortly after his resignation announcement. "I was looking for some other challenges in the general public health area."

Dr. Turnock became public health director in May 1985 amid the nation's largest salmonella outbreak, later traced to tainted milk in a supermarket dairy plant. Thompson said Dr. Turnock handled the crisis "swiftly and professionally," and added, "During his tenure he has also been confronted with the most critical public health issue of our times, AIDS, and has expertly guided the state's response to this deadly disease."

Dr. Turnock coordinated the Fam-

(continued on page 18)





Bernard Turnock, M.D. (left), will leave his post as IDPH director and assume new academic duties Sept. 16. Gov. Thompson appointed John Lumpkin, M.D. (above), acting director.

Wm. Daniels/Sandy Adams/The Photo Partners

Committee to develop drug company CME standards

A COMMITTEE COMPOSED of representatives of major U.S. medical and pharmaceutical groups will draft guidelines for continuing medical education (CME) accreditation standards. The effort comes in anticipation of possible federal and congressional mandates to do so, *Illinois Medicine* has learned.

Ethical issues have been raised recently regarding pharmaceutical companies' funding of CME conferences, according to a report in the Aug. 31 issue of *American Medical News (AM News)*. CME conferences at ski resorts and on cruise ships have called into question the credibility of programs sponsored by some pharmaceutical companies.

Interest in the issue was spurred by pending congressional hearings on allegations of CME abuse, according to Dennis K. Wentz, M.D., director of the American Medical Association (AMA) Division of CME. The Senate Committee on Labor and Human Relations, chaired by Sen. Edward Kennedy (D-Mass.), first called for hearings last October, and may begin them this fall. The Food and Drug Administration, which regulates the pharmaceutical industry, may also draft CME accreditation guidelines, Dr. Wentz added.

The steering committee includes representatives of the AMA, Association of American Medical Colleges, Society of Medical College Directors of Continuing Medical Education (SMCDCME), Alliance for Continuing Medical Education, Accreditation Council for Continuing Medical Education (ACCME) and the

(continued on page 18)

Reservists retain coverage

ILLINOIS STATE Medical Inter-Insurance Exchange members in the National Guard or reserves who are called to active duty should notify the Exchange in writing, if possible. In the physician's absence, a family member or office manager should write to the Exchange on the physician's behalf. Exchange policies will be placed on suspended coverage for the duration of members' service. During this period, quarterly premiums will be reduced to 25 percent. Since no coverage is afforded while on suspended coverage, physicians must notify the Exchange in writing of their return and the date they intend to resume active practice. ▲

In this issue

Gov. Thompson signs rural health bill 3
Great moments in Illinois medicine 5
One doctor's trek through a malpractice case 6
Quad City MRI centers stir debate 8
Samuel Hellman, M.D., profile 13
Health clinic serves Russian immigrants 14

**********3 DIGIT SCF 208
0904 IM
NATIONAL LIB OF MEDICINE
TS INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

Philanthropic grant to help fund South Side health projects

A $1.18 MILLION grant from the W.K. Kellogg Foundation will partially fund community-based health clinics in three neighborhoods on Chicago's South Side. But the chairman of the board of the United Church of Christ South Side Health Project said an additional $1.6 million will be needed over the next four years to keep the facilities open.

Chicago Mayor Richard M. Daley and South Side Aldermen Timothy Evans (4th) and William Beavers (7th) joined representatives of the United Church of Christ and Elmhurst College at an Aug. 22 news conference at Kenwood United Church of Christ, 4608 S. Greenwood Ave. The first South Side Health Project clinic recently opened at the church, providing maternal, child and adolescent care to neighborhood residents.

"The Kenwood community has no hospitals, and thus no immediate access to prenatal care or referral to a neonatal intensive high-risk care facility," said Ivan E. Frick, Ph.D., Elmhurst College president. The college, which obtained the grant, is one of 21 United Church of Christ agencies and affiliated institutions with a representative on the nonprofit South Side Health Project Inc. board of directors.

"The South Side Health Project will provide direct care for persons needing non-invasive assistance who can walk into the centers," Dr. Frick added. Other neighborhoods targeted for the clinics are Bryn Mawr/South Shore and Woodlawn. The former, to be housed at Bryn Mawr Community Church, 7000 S. Jeffery Blvd., will focus on home-bound elderly care. The latter will be a general care facility at a site that has not yet been determined.

Development director sought

The $1.18 million grant will be used to help the clinic program begin operations, but James T. Andrews, South Side Health Project board chairman, said other philanthropic sources will be sought to secure the $1.6 million needed over the next four years to keep the clinics operating. A director of development will be hired to supervise these fundraising efforts, he added.

Mayor Daley praised Elmhurst College's assistance in obtaining the grant and added, "The commitment of the 21 United Church of Christ agencies has made it possible to [bring] adequate, quality health services within reach of the people of the South Side of Chicago."

"We have the highest infant mortality rate in the city of Chicago on the South Side, and this is much needed," Beavers said. "Health care is an exception in these communities. It has been lacking for a number of years with the closing of different hospitals [nearby]." ▲



Sandy Adams/The Photo Partners

Elmhurst College President Ivan E. Frick, Ph.D. (left), Chicago Mayor Richard M. Daley and 7th Ward Alderman William Beavers attended an Aug. 22 news conference announcing the Kellogg grant.

CHIP board votes to maintain 4,500 enrollment

ENROLLMENT IN THE Illinois Comprehensive Health Insurance Plan (CHIP) will remain at its present enrollment cap of 4,500, following an Aug. 23 vote by the CHIP board of directors. The board also postponed a decision to adopt semiannual rate increases until the CHIP finance committee could produce further recommendations.

Richard Carlson, CHIP executive director, reported that original estimates of claims were consistent with the plan's experience. Also, the $18.8 million appropriation for fiscal year 1991 approved by Gov. James R. Thompson in July was adequate to cover the current enrollment level, which the board capped in March. Carlson added that while available data suggest that increasing enrollment will add to the plan's deficit, enrollment limits may again be addressed when the finance committee meets next month.

Begun in May 1989, CHIP provides insurance to Illinois residents at high medical risk who previously had trouble obtaining insurance from private companies. As of Aug. 17, 4,377 people were enrolled in the plan; 1,145 had qualified for coverage and were on CHIP's waiting list, and 103 applications were pending. The plan has received an average of 35 applications per week over the past six weeks, according to George Marvin, administrator of state health plans for Mutual of Omaha, which administers CHIP.

Individuals on the waiting list are eligible for coverage under CHIP when existing policies end or when policyholders fail to pay premiums within the plan's 31-day grace period. About 75 to 100 people exit the plan each month, and Carlson said that the CHIP staff has been sending about 20 letters per week to people on the waiting list inviting them to join the plan.

Semiannual rate increases discussed

The CHIP board also referred back to the finance committee the issue of semiannual rate increases to policyholders and recommended that CHIP staff analyze various ways to administer rate increases.

Issues for staff consideration include how often CHIP rates should be reviewed and the time frame in which rate increases would be passed along to policyholders, said Steve Schneider, assistant director of the Illinois Department of Insurance. CHIP premiums are set at 135 percent of the average premium charged by six insurance companies in Illinois for policies with comparable coverage.

Carlson added that semiannual rate reviews would be based on the plan's projected operating deficit and the 135 percent statutory guideline. A recent 21 percent premium increase was phased in on policyholders' first anniversaries with the program.

Policyholders must be notified 30 days before a rate increase takes effect, Carlson said. But Robert L. Adler, a CHIP board member, argued that any scheduled rate increases occurring soon after coverage began for new policyholders "was not a good sales tool."



Wm. Daniels/The Photo Partners

CHIP Executive Director Richard Carlson (left) and board member Steve Schneider offer insight at the Aug. 23 CHIP board meeting.

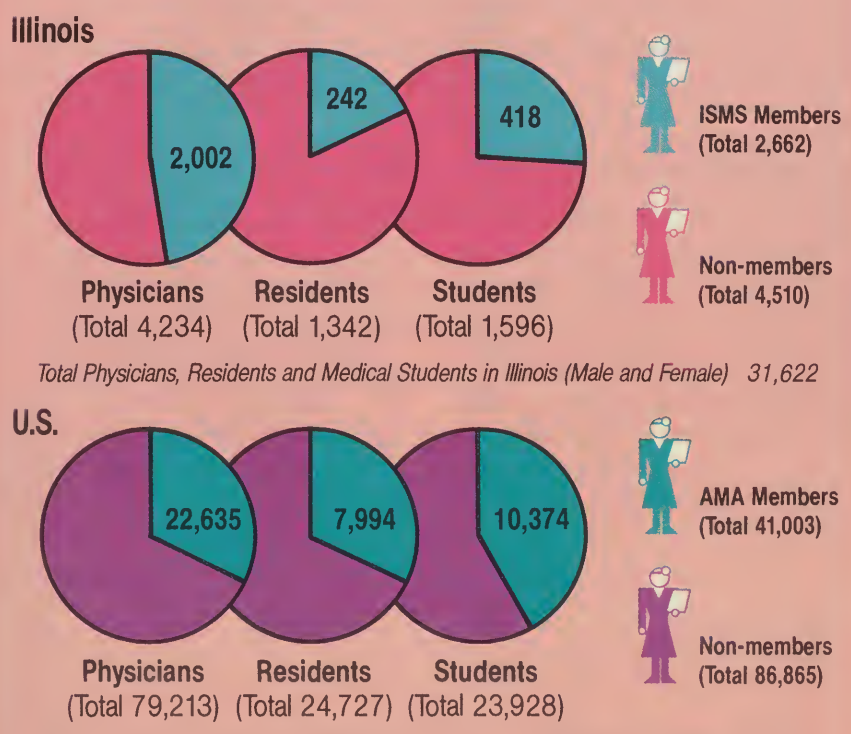
In other business, the CHIP board discussed standard vs. investigational medical procedures. The discussion centered on two pancreas transplant operations that were deemed investigational by Mutual of Omaha and thus ineligible for CHIP coverage.

Joan E. Cummings, M.D., an internist at Hines VA Hospital and

(continued on page 18)

Physician Facts

1989 Women in Medicine



Source of Data: American Medical Association

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

Rural health care package signed; funding sought

by Diane Oltman Ayers

LEGISLATION TO IMPROVE access to medical care in medically underserved counties was signed Aug. 27 by Gov. James R. Thompson. But while the bill provides a prescription for the state's ailing rural health systems, supporters say the cure is still months – or even years – away.

Implementation will have to wait until funding is found, said the bill's chief sponsor, Sen. James Rea (D-Christopher). The state's fiscal 1991 budget makes no provision for most of the new programs.

"We consider it one giant step forward just getting this legislation passed," Rea told *Illinois Medicine.* "The support we were able to get from both sides of the aisle shows a very strong priority and commitment to rural health needs." The legislation includes a five-part program to improve outpatient and inpatient care, emergency services, health personnel recruitment and rural health research.

IDPH to administer grant money

S.B. 2277 authorizes new support for existing health care centers and grants for establishing new ones, according to legislative analyst Nia Hassan. Grants to hospitals, community health centers, local health departments and other community groups for new equipment, facilities and staff would be available through the Illinois Department of Public Health (IDPH) Center for Rural Health. The center will also work with Southern Illinois University Medical School in Springfield to develop health care centers in designated shortage areas.

The bill also creates a new Allied Health Care Professionals scholarship program to encourage health professionals to work in shortage areas. The IDPH-directed program will offer one-year scholarships, renewable annually, to persons studying for health care degrees in exchange for a commitment to work a comparable time in a medically underserved region.

Student nurses, nurse practitioners, physicians' assistants, physical therapists, podiatrists, optometrists and other allied health care professionals will be eligible for the program, which is similar to the Family Practice Residency program for physicians, Hassan said. In addition, funds paid back to the state under the Family Practice Residency program will now be used to improve primary health care access and to establish a recruitment center for physicians and other health care professionals within IDPH.

S.B. 2277 is similar to legislation vetoed by Thompson last year, Hassan noted. The revised version gained bipartisan support when several "compromise provisions" recommended in Lt. Gov. George Ryan's Rural Health Care Task Force report were added, Rea said. The governor said he signed this year's bill to provide "a strong foundation for additional improvement of rural health care."

But while approving the idea, lawmakers apparently were reluctant to provide the necessary funding, Rea said. Downstate legislators were told that no money was available for additional health care funding. But in the closing hours of the spring legislative session, lawmakers approved a $5 million appropriation for trauma centers, primarily those in Cook County.

Going back for funding

"We were told there is no money at the present time, but we're going to go back and ask again," Rea said. He

(continued on page 18)



Illinois Information Council

Gov. James R. Thompson signed into law rural health care legislation Aug. 27 at the DuQuoin State Fair. Funding to administer the program remains uncertain.

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

The Blue Cross and Blue Shield of Illinois (BCBSI) Professional Hotline provides a variety of services to assist providers with their questions as well as address patient concerns.

The services provided respond to questions concerning:

- Membership Verification
- Benefit Interpretation
- Claim Status Disposition
- Clarification of various lines of BCBSI business and types of coverage, such as the Mutual Participation Program (MPP), Preferred Provider Option (PPO), Optical Character Recognition (OCR) and Usual and Customary (U&C)

To expedite the inquiry process, please have the following information readily available when calling the Professional Hotline at (312) 938-7340:

MEMBERSHIP/BENEFIT INFORMATION

- Your Blue Shield Provider Number.
- Patient's name.
- Patient's complete ID number - group number and member number (**Note**: a social security number is not always the member number).
- Name of member (if different than patient name).
- Date of expected service.
- Type of service. Be specific; if surgery - name of surgical procedure.
- Place of service - indicate if inpatient or outpatient.

CLAIM STATUS

- Your Blue Shield Provider Number.
- Patient name.
- Patient's complete ID number - group number and member number (**Note**: a social security number is not always the member number).
- Date of service or date of first service if more than one date is involved.
- Total amount of bill. The balance remaining is not complete information.

HELPFUL HINTS:

Physicians/medical groups participating in BCBSI's Mutual Participation Program (MPP) and Preferred Participating Option (PPO) Program are reminded of the following:

- The provider agrees to bill BCBSI.
- The provider agrees to accept BCBSI's Usual and Customary/PPO payment.
- The provider may bill the patient for deductible and/or co-payment balances.

As of September 1, 1990, a new message appears on the Provider Claim Summary when the summary is ten (10) pages or more. The message is:

"The Provider Claim Summary for this check was mailed in a separate envelope. When matching the summary to the check, please note that the check number will appear in the upper right hand corner of the summary."

Retain the Provider Claim Summary (PCS) where it can be easily matched to the check. Allow ample time for the check to arrive before requesting a duplicate PCS.

(This report is a service to the physicians of Illinois)
9/14/90

Editorials

Election news you can use

Illinois physicians are frequently challenged by their professional societies to take a more active interest in political and legislative matters affecting the medical profession. In addition to solicitations seeking Illinois State Medical Society Political Action Committee (IMPAC) contributions, physicians are encouraged to testify at legislative hearings, write letters in support of (or opposition to) pending legislation, and contribute their time and talent to political campaigns on behalf of candidates they support. At minimum, physicians are urged to become generally informed about issues that matter to the practice of medicine, and where candidates stand on those issues.

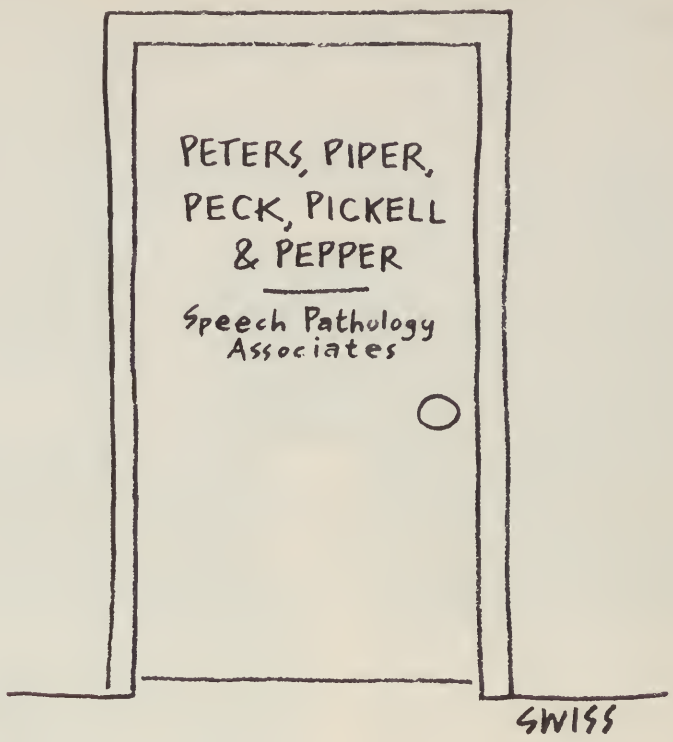
This fall, *Illinois Medicine* will seek to aid physicians in becoming better informed. With this issue, we begin a four-part series on the 1990 general elections. From now until the end of October, we will focus on selected county, state and federal races we consider to be of special interest to Illinois physicians.

The series begins on Page 10 with coverage of the Cook County Board president and commissioners races. We do so for the same reason we covered the recent Chicago and Cook County health care summit so extensively: Decisions about the future of the deteriorating Cook County Hospital and changes in the ambulatory system of the state's most populous county will have significant repercussions in Springfield. Much of the necessary funding for whatever plans are ultimately implemented will come from the General Assembly, and the impact of those funding requests will be felt throughout the state.

In the next issue, Sept. 28, we will move beyond Cook County to examine the crucial state Senate contest in north central Illinois' 38th District, as well as 15 House races, eight of which are occurring outside suburban Chicago. Examination of the important U.S. Senate campaign and a look at five congressional races follow on Oct. 12, with discussion of the all-important gubernatorial race slated for the Oct. 26 issue. Also in late October, we will cover the candidates for the three open state Supreme Court seats. Along the way, columns on this page will focus on the importance of the 1990 elections on upcoming redistricting, as well as how and why physicians can and should involve themselves more effectively in the political process.

This marks *Illinois Medicine*'s first foray into substantive statewide election coverage. Our goal is to provide useful and interesting information affecting Illinois citizens' most important responsibility and precious freedom – the right to vote. We will not tell you for whom to cast your vote. But we hope to give you some insight into some key races throughout the state, so that you can decide for yourself which candidates deserve your support.

After Nov. 6, when it is all over, we hope to hear from you on how we did, so that in two years' time, when we go at it again, *Illinois Medicine* readers will get the information they need. ▲



Illinois Medicine

VOLUME 2, NUMBER 19 **SEPTEMBER 14, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.

President's Column

One on one



James H. Andersen, M.D.

One for all and all for one.

The concept of oneness pervades our culture. The unity of the British colonies, 13 fledgling states coalescing into one, a single independent nation, is our birthright and our heritage.

One of this country's Founding Fathers, Benjamin Franklin, said it this way: "We must hang together or we will surely all hang separately." The sentiment is used as a call to unity – a state of oneness.

One man, one vote.

Another important concept of our democracy is that each of us, regardless of our station in life, has one equal opportunity to elect the people we think most fit to lead our country. No matter where or how we live and no matter which party, philosophy or candidate we may favor, we each have one vote.

Many of your colleagues bolster their vote by contributing significant amounts of time to the campaigns and to medical society affairs. Even if you can't clear time from your calendar to work with the candidate of your choice, you too can donate your time – through your contribution to the Illinois State Medical Society Political Action Committee (IMPAC).

I know of no other group dedicated more completely to your interests in the upcoming election. Your donation to IMPAC provides financial support to candidates across the state. Your dollars, donated through IMPAC, will strengthen the campaigns of the people IMPAC has identified and will, we hope, help elect them.

How much should you donate? Your dues bill suggests $150 – I am suggesting you dig a little deeper than that.

I'm suggesting that you match the time your society's leadership puts in by donating to IMPAC one day's pay. You can figure it out any way you want: a fifth of last week's receipts, one-thirtieth of last month's billings, or everything you bill out for a random day in your date book.

Write out a check that reflects a day when your being a doctor really made a difference to someone. Make it a meaningful check. A check that will make a difference.

Remember that we had a primary election this year that was won by a coin toss. A single vote in that election would have made an enormous difference. In campaign finances, contributions made early have the greatest impact and mean the most. One vote, one contribution, can make the difference. And we can do it the easy way.

One day at a time. ▲

James H. Andersen, M.D.
President

Chicago helps launch the birth of pediatrics

IN 1874, "LITTLE Mary Ellen," a battered child in need of protection, came to the American public's attention. Her case had bounced from one social institution to another, each claiming that children were outside its purview.

1 5 0

Finally, Henry Bergh, founder and president of the American Society for the Prevention of Cruelty to Animals (ASPCA), brought Mary Ellen's case to court. "The child being an animal," Bergh said, the ASPCA would offer her protection.

Mary Ellen's case spawned a national movement against child abuse. It also raised a broader issue that until then had gone largely unnoticed: the desperate lack of people and facilities devoted to children's care.

In the 1870s and '80s, children's health was deplorable. Thousands of children nationwide died of typhoid fever, scarlet fever, measles and other deadly diseases. Fatal maladies were so common that most children were considered lucky to survive past their first birthday.

In Chicago, children under 5 accounted for more than half of all deaths, yet few physicians had any training in the care of children, and no hospital was devoted exclusively to children's care. Sick children were most often treated with home remedies ranging from sulphur and molasses to mustard poultices to camphor oil and goose grease.

In 1882, before pediatrics was recognized as a special branch of medicine, a milestone in pediatric history occurred in Chicago. Still grieving over the sudden death of her 13-year-old son, a young widow named Julia Foster Porter founded the Maurice Porter Memorial Hospital on the corner of Belden and Halsted streets. The facility, later renamed The Children's Memorial Medical Center, was among the nation's first hospitals devoted exclusively to children.

Maurice Porter Memorial Hospital was a wooden cottage with eight beds "dedicated exclusively to the free care and treatment of children from 3 to 13." The Porter family physician, Truman Washington Miller, M.D., donated his services as chief surgeon. Three "nurses" (they had no professional nursing training) cared for the young patients.

Within a few years of the hospital's founding, children's care had become a major issue in Chicago's medical community. In 1883, Marcus L. Hatfield, M.D., was appointed professor of pediatrics at Chicago Medical College – a first in Chicago. In 1885, Cook County Hospital assigned a ward for the care of children; Michael Reese Hospital followed suit shortly thereafter. In 1887, the American Medical Association officially recognized the field by designating a section on pediatrics at its conferences. The *Archives of Pediatrics,* a periodical devoted exclusively to children's diseases, was established. A year later, the American Pediatric Society was founded.

The Porter hospital was also a leading force behind medical advances. In 1886, for example – when antiseptic methods were rarely used in operating rooms – Dr. Miller was photographed in surgery. He was wearing rubber gloves. ▲



Children's Memorial Hospital



Because safety cannot be taken for granted in H_2-antagonist therapy

AXID®
nizatidine

Minimal potential for drug interactions

Unlike cimetidine and ranitidine,[1] Axid does not inhibit the cytochrome P-450 metabolizing enzyme system.[2]

Swift and effective H_2-antagonist therapy

- *Most patients experience pain relief with the first dose[3]*
- *Heals duodenal ulcer rapidly and effectively[4,5]*
- *Dosage for adults with active duodenal ulcer is 300 mg once nightly (150 mg b.i.d. is also available)*

References
1. *USP DI Update, September/October 1988, p 120.*
2. *Br J Clin Pharmacol 1985;20:710-713.*
3. *Data on file, Lilly Research Laboratories.*
4. *Scand J Gastroenterol 1987;22(suppl 136):61-70.*
5. *Am J Gastroenterol 1989;84:769-774.*

AXID®
nizatidine capsules

Brief Summary. Consult the package literature for complete information.

Indications and Usage: 1. *Active duodenal ulcer*—for up to eight weeks of treatment. Most patients heal within four weeks.
2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than one year are not known.

Contraindication: Known hypersensitivity to the drug. Use with caution in patients with hypersensitivity to other H_2-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.
2. Dosage should be reduced in patients with moderate to severe renal insufficiency.
3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.
Laboratory Tests—False-positive tests for urobilinogen with Multistix® may occur during therapy.
Drug Interactions—No interactions have been observed with theophylline, chlordiazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.
Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.
Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.
In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.
Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.
Pediatric Use—Safety and effectiveness in children have not been established.
Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.
Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of Axid.
Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.
CNS—Rare cases of reversible mental confusion have been reported.
Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.
Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H_2-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.
Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.
Hypersensitivity—As with other H_2-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H_2-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.
Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

PV 2098 AMP [091289]

Additional information available to the profession on request.

Lilly
Eli Lilly and Company
Indianapolis, Indiana
46285

NZ-2924-B-049310 ©1990, ELI LILLY AND COMPANY

Axid® (nizatidine, Lilly)

One physician's journey through a malpractice case

by Janice Rosenberg

BEING SUED IS no fun. In Cook County, some physicians who receive notice that a malpractice suit has been filed against them may find themselves on a five- to seven-year trek through the legal system.

Fortunately, this happens in only a minority of cases. Since 1976, when the Illinois State Medical Inter-Insurance Exchange was formed, the company has been able to close 12 percent of all cases filed without any indemnity payment or legal expense whatsoever. Another 72 percent of the cases were closed with legal expenses only. In other words, 84 percent of cases filed "went away" without ever coming to trial.

There is a simple reason for this disappearing act. A recent Illinois state law requires that a plaintiff in a malpractice suit must produce a peer of the defendant who will substantiate the plaintiff's case. Many cases that go away are ones in which a plaintiff files against a physician and then finds that he or she cannot meet the burden of proof.

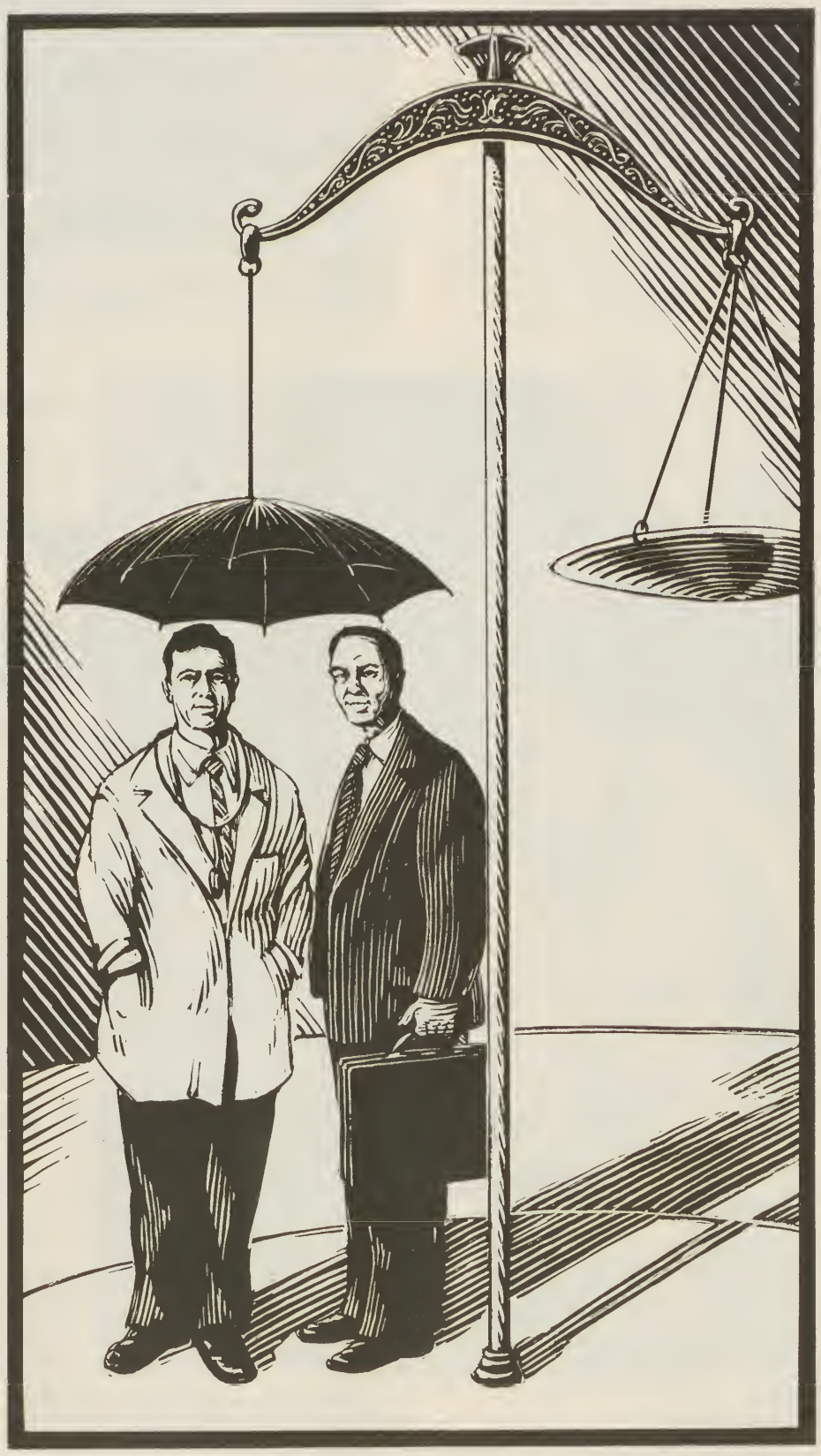
Inevitably, some cases do come to trial. Since 1976, however, only 26 percent of those trials have returned verdicts in favor of the plaintiff.

In December 1982, Pablo A. Garzon, M.D., received notice from the Cook County Sheriff's Department that he was a named defendant in the lawsuit *Lopez* v. *Little Company of Mary Hospital and Dr. Pablo Garzon.*

Dr. Garzon, 46, had delivered an infant named Eric Lopez in November 1981. During delivery, shoulder dystocia occurred, which means one of the baby's shoulders became trapped between his mother's pubic bone and the bones in the back of her pelvis. Shortly after delivery, the child was diagnosed as having brachial plexus palsy, a paralysis of the upper arm.

The complaint, which Dr. Garzon immediately sent to the Exchange, alleged that he "failed to properly use forceps during the delivery of the [baby], failed to deliver the patient by Caesarean section, but rather delivered ... vaginally and failed to determine the size of the infant before the birth process began ... that he improperly ordered general anesthesia for Maria Lopez [the mother] before the delivery of the [baby]. It was further alleged that these failures resulted in the injury to the [baby's] brachial plexus and paralysis of the [baby's] right arm, hand and forefingers."

The Exchange assigned attorney Michael Morrissey, a partner at the Chicago firm Cassiday, Schade, and Gloor, to the case. Discovery proceeded and the insurance company's claims review committee determined that the case could be defended.



Bob Dahm

Six-year wait for trial

More than six years later, on June 20, 1988, the case went to trial. "We have an incredible backlog here in Cook County," Morrissey says. "Most medical malpractice cases are tried by jury. Part of my job is to teach the jury enough medicine in two weeks to understand what judgments a particular physician was making and why those judgments were reasonable at the time. Sometimes that's a very tall order."

The plaintiff's attorney has a different task. Winning a malpractice judgment depends on persuading the jury that the plaintiff was in fact injured, that the physician acted or failed to act in one of the ways claimed by the plaintiff and thus, was negligent, and finally, that the physician's actions or failures were one cause of the injury.

Dr. Garzon, who had never been sued, was surprised by the action. Because Mrs. Lopez had previously delivered large babies vaginally, he had seen no reason to perform a Caesarean section. "Shoulder dystocia is unpredictable," he says. "If I had the case again I'd do the same, a vaginal delivery."

Expert witnesses offer testimony

In malpractice cases, both sides use expert witnesses. Dr. Garzon's witness, Carl D. Cucco, M.D., board certified in obstetrics and gynecology, says injuries to the brachial plexus are common, especially when shoulder dystocia is involved.

"In these cases, the head can deliver easily but the shoulders are so broad they can't fit through the pelvis," he says. "The obstetrician is in an emergency before he knows it. Everything seems to be going fine then all of a sudden you get shoulder dystocia and you have only a minute or two to get the baby out.

"I don't think this was a malpractice case," Dr. Cucco continues. "Dr. Garzon was presented with an emergency and the bottom line is that he saved the baby."

The plaintiff's attorney, John M. Burke, a partner at Burke and Burke in Chicago, argued that both the shoulder dystocia and the brachial plexus injury resulted from the administration of a general anesthetic to the mother. "It was an outmoded way of delivering babies and because of it this baby wound up stuck in the birth canal," he says.

The plaintiff's expert witness, Edward Marut, M.D., supported this claim. "Before Mrs. Lopez had a chance to push the baby out herself, she was put to sleep and delivered by forceps," he says. "She had delivered large babies before without anesthesia. We know that general anesthesia and a forceps delivery, especially with a large baby, is going to have a much greater risk of shoulder dystocia."

Morrissey countered that because Lopez had delivered large babies previously without any problem, there was no reason for Dr. Garzon to be concerned about this baby's size. He argued that shoulder dystocia is unpredictable, and cited a study reporting that even in large medical centers like UCLA a certain percentage of such cases result in death or brain injury.

"The child is getting As and Bs in school," Morrissey says. "He's bilingual. I was almost taking credit for this injury as evidence that Dr. Garzon had done a good job because the baby didn't die and he didn't have a neurological injury. This indicated that Dr. Garzon had done what was correct."

The trial lasted nine days. As he does all physician-defendants, Morrissey advised Dr. Garzon to be present throughout the proceedings. "It shows that a doctor is interested," he says. "One of the things I want to do is personalize that doctor so that he's not just any doctor, but Dr. Garzon, a normal person who puts his pants on like the rest of us, who has feelings."

For Dr. Garzon, despite advice and support from both Morrissey and the Exchange, the experience of watching the trial was understandably traumatic. "When you sit there you feel like a criminal," he says. Dr. Garzon found it especially hard when, after three days of deliberation, the jury could not reach a decision. The judge dismissed them and declared a mistrial. "That was really terrible. I thought it would be over and then I had to go back again."

The second trial began on Nov. 2, 1989, and lasted 11 days. This time the jury quickly returned a not-guilty verdict.

Morrissey does his best to reassure physicians. "I tell them not to take the case personally, that they shouldn't lose sleep over it," he says. "It's something that you have to learn to live with, but it's a very emotional thing. Being sued is not what a doctor's about. He's about trying to help patients to the extent he can and not about having to deal with malpractice." ▲

The Exchange schedules first risk management seminars for office staff

THE ILLINOIS STATE Medical Inter-Insurance Exchange will host a series of half-day seminars for medical office staff and clinic personnel beginning Sept. 26 and continuing through Jan. 16, 1991.

The seminars are designed to increase employee awareness of liability issues to help reduce malpractice risk, according to Jere E. Freidheim, M.D., chairman of the Exchange's Risk Management Committee. Seminar topics include effective communication, which examines telphone techniques, complaint handling and patient/staff rapport; proper documentation, which looks at liability awareness, record retention and documentation methods; and sound office procedures, which addresses follow-up procedures, handling non-compliant patients and patient education. Attendees will receive risk management materials from the Exchange and the American Medical Association.

"Medical office staff are the physician's first line of defense in reducing the risk of malpractice claims," Dr. Freidheim said. "They can also be the cause of claims, if they become a barrier between physician and patient." Physicians can also benefit from the seminars, he added, from learning procedures that will improve office functions.

The first seminars will be held in Peoria Sept. 26 and Springfield Oct. 3. (See list below for other dates and locations.) A brochure with registration information was mailed to Exchange policyholders earlier this month. For further information, call the Exchange risk management department at (312) 782-2749. ▲

Risk management seminar dates and locations

Sept. 26 Peoria
Oct. 3 Springfield
Oct. 10 Moline
Oct. 11 Shorewood
Oct. 24 Carbondale
Oct. 25 Collinsville
Nov. 7 Danville
Nov. 8 Bloomington
Nov. 14 Quincy
Nov. 28 Oak Brook
Dec. 5 Chicago
Dec. 12 Geneva
Jan. 9, 1991 Oak Lawn
Jan. 16, 1991 Rosemont

Exchange Q & A

Physicians are encouraged to submit queries to: Exchange Q & A, Illinois Medicine, *Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602.*

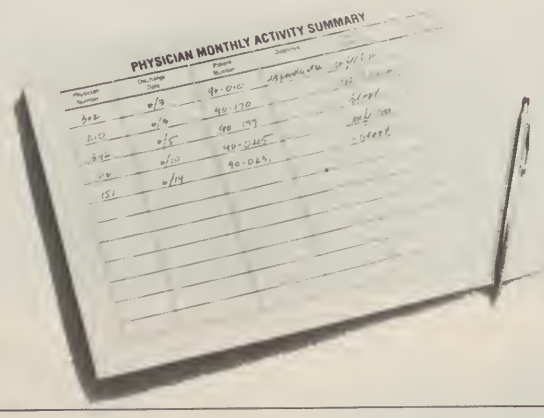
Q: *If I receive a letter from an attorney requesting to take my deposition, should I notify my insurance company?*

A: Contact the Exchange before responding to any correspondence from attorneys related to your care of the patient. One protection offered by the Exchange's policy is advice and legal representation, if necessary, to evaluate the possibility of being named in a lawsuit. If a current or future threat exists, the Exchange will provide representation before and during the deposition. ▲

IF QUALITY OF CARE IS IMPORTANT TO YOU, CONSIDER A CAREER IN ADMINISTRATIVE MEDICINE.

A medical directorship directly involves you in quality issues important to physicians and patients. Learn to adapt your personal leadership style to a new role in administrative medicine. Our four-day interactional career enhancement program for physicians can help you move comfortably within an organization. You'll practice techniques that help you control meetings, respond successfully to confrontation, and come out ahead in negotiations. And you'll learn how to meet QA and Joint Commission requirements. Career counseling is available upon completion of the program. Class is limited to 24 participants. Call today for more information.

Medical Directors Advancement Council
An Educatian and Executive Search Service
Twa Shannan Caurt
Chica, Califarnia 95928



Oct 30 - Nov 3, 1990
Capitol Plaza Holiday Inn
Sacramento, CA

Call our toll-free number for more information. 1-800-762-2595.

C.M.E. credits applied for.

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

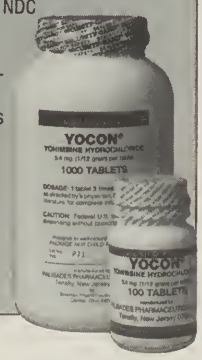
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Three MRI centers in Quad Cities stir debate

by Karen Beshears

A PLAN BY 10 Illinois chiropractors and physicians to build a third magnetic resonance imaging (MRI) scanner in the Quad Cities area is causing concern that there may not be enough patients to go around.

Mississippi Regional Imaging, planned for construction at an as yet unidentified site in Rock Island County, would join an established Iowa center and a new Moline facility scheduled to open by year's end.

Metro MRI, the planned Moline facility, is owned by 11 local radiologists and six Quad Cities hospitals. The same six hospitals also own Quad City MRI Inc., which has been operating since November 1987 just across the Mississippi River in Bettendorf, Iowa. If and when Mississippi Regional Imaging is constructed, there will be three such scanners within five miles of each other.

Chiropractors cannot refer patients to the Bettendorf center or the planned Moline facility, so Rock Island chiropractor Thomas Brozovich garnered support to build the third MRI, claiming that 500 chiropractors within a 50-mile radius will send patients.

The hospitals behind Metro MRI and Quad City MRI – tagged at about $3 million apiece – claim there is enough business for two.

Opinions are mixed on whether three will make it.

Meanwhile, radiologist Richard Arnell, M.D., acting director of Metro MRI, said he will reconsider allowing chiropractors to refer directly.

"Just now, we felt there was a big enough demand we could only serve the physicians," he said. "And we have not had much interest by chiropractics in our facilities ... but we are re-evaluating, since they say they are interested."

Brozovich disagrees. "I don't understand why [hospitals] are building a second one to compete for the same referral base."

Bettendorf center at capacity

Jerry Smith, president of Quad City MRI and president of Mercy Hospital, Davenport, Iowa, said the Bettendorf center is operating at full capacity.

"We're at about 14 patients a day and operating until 9:30 in the evening. We have a two-week waiting list," Smith said, "So I'm confident that both magnets will meet a need and the prices will be competitive."

Rock Island County Medical Society President Thomas J. Stoffel, M.D., said the medical society has no official position on the MRI. "From looking at the needs of the county, medical-wise, there certainly is enough to support another MRI scanner. The third, I would have to question whether there is enough patient load to support that.

"I think other areas of our size certainly have more than one MRI scanner. Peoria and Des Moines [Iowa] have two or three scanners and they have been able to support it," Dr. Stoffel said. "Here, one MRI scanner had been really stretching to get all those in. Three, I personally have some doubts. "

The radiologists announced their intention to open an MRI on the Illinois side in March. Brozovich, who had put up a sign announcing a center two years ago but never built it, confirmed plans to proceed shortly thereafter.

The Metro MRI plans are more advanced, with a building lot bought and rezoned and a contractor picked. Brozovich and company are still looking at sites.

Whether the two planned MRIs are comparable is unknown. Metro is buying the highest-level commercial scanner, a 1.5-Tesla magnet. Brozovich said his will be comparable but a decision had not been made.

Dr. Arnell said the 1.5 Tesla is fastest and has the best resolution, but smaller scanners also perform well.

Patient concerns stymied previous chiropractic referrals

Dr. Arnell said past physician reluctance to allow chiropractic referrals was based on concern about the patient. "If we find significant pathology there, such as cancer or other serious condition, how can we know that the patient gets proper care? If we're dealing with a doctor we don't know, how do we know the patients are getting proper follow-up?

"We checked with our malpractice insurance and found we are covered, but we're still responsible for the patients and the final outcome and whether there is a follow-up on our diagnosis," he said. "So that's a big hang-up for the radiologists."

Iowa physician Eugene L. Johnson, M.D., acting president and president-elect of the Scott County, (Iowa) Medical Society and a radiologist at St. Luke's Hospital, Davenport, said three centers will not necessarily increase costs but could do so, coming on the heels of each other.

"I think there's enough sick people to use it," he said. "We went through the same thing with CT scanners; there's at least seven or eight scanners in the area. There's a medical need for it. Whether you can justify it or not is a different question." ▲



PUT YOUR MEDICAL CAREER IN FLIGHT.

Discover the thrill of flying, the end of office overhead and the enjoyment of a general practice as an Air Force flight surgeon. Talk to an Air Force medical program manager about the tremendous benefits of being an Air Force medical officer:

- Quality lifestyle, quality practice
- 30 days vacation with pay per year
- Support of skilled professionals
- Non-contributing retirement plan if qualified

Discover how to take flight as an Air Force flight surgeon. Talk to the Air Force medical team today. Call

USAF HEALTH PROFESSIONS
COLLECT
STATION TO STATION
815-424-2035

AIR FORCE

Free...90 days of 180-mg therapy
Call 1-800-4-CALAN-4 for details.

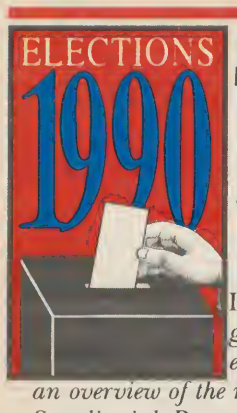
A BRIGHT IDEA...



Address medical inquiries to:
G.D. Searle & Co.
Medical & Scientific Information Department
4901 Searle Parkway
Skokie, IL 60077

SEARLE *G.D. Searle & Co.*
Box 5110, Chicago, IL 60680

©1990, G.D. Searle & Co. A90CA4339T



The politics of public health care are enmeshed in Cook County campaigns

Illinois Medicine begins its 1990 general election coverage with an overview of the races in Cook County. *See editorial, Page 4.*

IN FEW CAMPAIGNS this year are the politics of public health care more prevalent than in the races for Cook County Board president and board of commissioners.

The county board, including the president, comprises 10 commissioners from the city and seven from suburban Cook County. The Republicans and Democrats are each fielding city and suburban slates, but only a city slate has been certified for the new Harold Washington Party. The top 10 vote-getters for city commissioner win city seats, while the top seven suburban candidates are elected. Candidates for president run both for president and commissioner, with the presidential winner automatically elected to the board. It is possible, however, for a losing presidential candidate to be elected commissioner.

Statewide health policy is significantly affected by events in Cook County because the General Assembly ultimately provides most of the funding that makes the system work.

The state's most populous county is the site of an antiquated, crumbling county hospital that is in constant danger of being disaccredited by the Joint Commission on Accreditation of Healthcare Organizations, and disqualified for continued funding by the federal Health Care Financing Administration.

Multiple problems exist

The outpatient system consists of city, county and private clinics that are not linked by computer either with each other, or with Cook County Hospital. Duplicate patient records often result. Many experts criticize the lack of a single oversight entity to formulate and implement consistent, coordinated health policy countywide. Additionally, the city's Level I trauma network has been hard hit by defections caused by chronic underfunding. While the county is mandated by statute to provide health care to the county's indigent, the city is not.

A much-heralded attempt to address these and other problems began last year when Gov. James R. Thompson, Chicago Mayor Richard M. Daley and Cook County President George Dunne jointly convened a county health care summit. Two work groups met through the winter and spring to produce a four-volume report calling for a major revamping of the system. But a vacuum of leadership resulting from the decisions of Thompson and Dunne not to seek re-election left the recommendations in limbo. Legislators in Springfield, saying they were waiting for "direction from the three principals," shied away from passing implementing legislation.

Meanwhile, a bitter four-way Democrat Party primary for county board president occurred. Winnetka attorney Richard Phelan won with 39 percent, but only after a hard-fought campaign with former Appellate Judge R. Eugene Pincham, who tallied 33 percent. The party's slated candidate, State Sen. Thaddeus Lechowicz, came in third with 19 percent, while Cook County Clerk Stanley Kusper, who had sought but was denied the party's backing, garnered only 9 percent.

Washington Party certified

Pincham, having been nominated for a Democrat seat on the board, immediately began making noises about bolting the Democrats to run for commissioner on the Harold Washington Party, first established to permit Chicago Alderman Timothy Evans' mayoral bid against Daley. When a slate of candidates for county office on the Washington ticket was filed, Democrats challenged the petitions. But the Cook County Board of Elections – chaired, incidently, by Kusper – certified all but the suburban commissioner candidates.

The 10-7 city-Democrat vs. suburban-Republican split on the county board has traditionally guaranteed control of county affairs by the city commissioners. It has also typically guaranteed a Democrat president. But Republican State Sen. Aldo DeAngelis is running an aggressive campaign against Phelan, who is waging his first campaign for elective office. Moreover, observers do not discount the impact that Washington Party candidates could have on Democrat chances. It is also possible that Pincham could win a seat on the board, where he will be poised to challenge Daley in the next mayoral election if he decides to do so. ▲

– Kevin O'Brien

Republican Party
Aldo A. DeAngelis



After a successful career in business, Republican Aldo A. DeAngelis, 59, was elected to the Illinois Senate in 1978. He represents the 40th Senate District, which comprises southern Cook County and parts of northern Will County. Named an assistant minority leader during his first year in the legislature, he later was a sponsor and leader in the successful fight for malpractice tort reform. He graduated in 1954 from Knox College in Galesburg, and has done postgraduate work at the University of Chicago and Governor's State University.

(continued on next page)

Democrat Party
Richard J. Phelan



In his first foray into elective politics, Democrat Richard J. Phelan, 52, won only 39 percent of the vote in an extremely bitter four-way primary campaign. His closest rival, former Appellate Judge R. Eugene Pincham, trailed by 5.76 percent and has since bolted the Democrats to run for a city commissioner seat on the Harold Washington Party ticket.

After 14 years as head of his own law firm, Phelan achieved national prominence in 1989 when he served as special counsel for the U.S. House Ethics Committee investigation of former Speaker

(continued on next page)

Harold Washington Party
Barbara J. Norman



Currently teaching sociology at Northeastern University in Chicago, Barbara J. Norman, 48, served from 1986-88 as a deputy health commissioner in the administration of the late Mayor Harold Washington. From 1983-86, she was director of the Division of Obstetrics and Gynecology at Cook County Hospital. She served as chairman of the Harold Washington Party's primary endorsement committee and was subsequently recruited to lead the party's ticket in the general election.

She has five degrees: a double doctorate in neogerontology and economic community devel-

(continued on next page)

DeAngelis *(continued)*

As a member of the policy steering committee of the Chicago and Cook County health care summit, DeAngelis focused on efforts to reopen Provident Medical Center on Chicago's South Side. When the Cook County Board voted Aug. 22 to assume ownership of the hospital, closed since September 1987, DeAngelis criticized the action vehemently, saying it would institutionalize a two-tiered health care system so expensive it would "ultimately lead to the rationing of care in Cook County." He vowed to "unequivocally overturn this action," if elected.

Instead of county ownership of Provident, DeAngelis favors "public/private partnerships," wherein the county contracts for services with Provident and other private facilities. Saying there is "no statutory obligation" for the county to own or operate a hospital, he opposes current proposals to build a 600-bed replacement facility, and would agree to building only the "smallest Cook County Hospital ... necessary."

On the outpatient side, DeAngelis pledges to strengthen the county health department. He would also collaborate with state agencies, the Chicago Department of Health and other institutions in establishing quality outpatient centers in neighborhoods. These facilities would be governed by district health care boards to encourage local planning and accountability.

DeAngelis supports maximizing Medicare reimbursement by instituting presumptive eligibility, matching county dollars with federal funds and tying all patients into a countywide computer data system. He advocates integrating indigent care and private-pay patients in existing hospitals to eliminate a "two-tiered" health care delivery system. DeAngelis says he would eliminate patronage in the county health care system, and would establish an office of inspector general to monitor and help prosecute Medicaid fraud. ▲

Phelan *(continued)*

Jim Wright of Texas, who subsequently resigned. He first considered a run for governor, but opted for county board president when Attorney General Neil Hartigan announced his own gubernatorial bid.

A Notre Dame graduate who received his law degree from Georgetown University in 1961, Phelan was president of the Chicago Bar Association from 1985-1986. He lives in Winnetka and has three children. The death of his wife, Carol, in December 1989 generated unfounded speculation he might withdraw from the race.

Phelan advocated private control of Provident Medical Center, but supported the county board's decision to acquire the hospital when the New Provident Hospital Association's efforts to do so fell short. He supports the construction of a replacement hospital recommended by the summit.

Phelan supported the summit process in principle, according to a campaign spokesperson, but believes that decisions regarding which of its recommendations to implement should be deferred until the new county board president and governor can consult with Mayor Daley. However, the spokesperson said Phelan does not favor another oversight entity to run the system because he believes that elected officials should operate the system.

He says he would establish offices in Washington, D.C., and Springfield to lobby for federal Medicaid matching funds and for increasing state reimbursement levels, while lowering Medicaid eligibility requirements. He would expand the county health department's budget, "wage war on infant mortality" by urging expansion of the Women, Infants and Children nutrition program, and expand services for drug and alcohol rehabilitation. Through executive order, he would restore family planning counseling and abortion services at Cook County Hospital. ▲

Norman *(continued)*

opment from the University of Michigan, a master's degree in public health from the University of Michigan School of Public Health, and masters' degrees from DePaul University in administration and in nursing education.

Norman traces many of the county's health care delivery problems to the state's inadequate funding and poor administration of the Illinois Competitive Access and Reimbursement Equity (ICARE) program and the Maternal and Child Health Block Grant programs. She has called for an immediate halt of federal funds into these programs pending a federal audit.

Critical of what she calls a lack of leadership on the part of the county board of commissioners, Norman says the acquisition of Provident Medical Center is a "disservice to the community it is designed to serve. The leadership of Cook County Hospital has failed to demonstrate that it is either qualified or financially able to plan, manage, finance and administer Provident hospital." She says she supports the efforts of the New Provident Hospital Association to acquire the facility.

Norman supports reducing the size of Cook County Hospital, but does not now favor building a new facility, preferring to renovate the current hospital, because of what she perceives as its distinctive architecture. She would, however, replace the current management staff with "academically prepared, experienced and qualified health care administrators." Norman supports expanding and adequately funding the trauma network, and reopening Mile Square Health Center, Provident Medical Center and St. Anne's Hospital on the city's west side, either as independent entities or under the auspices of some other institution. She favors decentralizing the system to improve accessibility and advocates establishment of a countywide, ethnically diverse advisory group to make recommendations on health policy. ▲

Illinois State Medical Society And Its Component Societies

Presents

"Two Exciting Caribbean Cruise Programs"

Chicago Departure
February 11 - 18, 1991

St. Louis Departure
January 28 - February 4, 1991

from **$949** per person

ss Amerikanis
PORTS OF CALL
San Juan
St. Thomas
Guadeloupe
Barbados
St. Lucia
Antigua
St. Maarten



mv The Victoria
PORTS OF CALL
San Juan
St. Thomas
Martinique
Grenada
Caracas
Curacao

TOUR INCLUDES

Round trip jet transportation * 7 days cruising * 8 meals per day on board ship
Captain's Cocktail Party, Masquerade Ball & Farewell Party and much, much more...

SIGN UP SOON! SPACE IS LIMITED!
Open to members, their families and friends.

FOR ADDITIONAL INFORMATION CALL OR WRITE:

TRANSGLOBAL
8200 Normandale Blvd
Ste 504, Minneapolis, MN 55437
Toll Free: 1-800-328-6264

or

Meeting & Travel Services
Illinois State Medical Society
20 N. Michigan Ave. Ste 700
Chicago, IL 60602
(312) 782-1654 or (800) 782-ISMS

MEDICAL MALPRACTICE INSURANCE
WITH DISTINGUISHED BENEFITS!



EXAMINE THE DIFFERENCE!

M.D., J.D. National Legal Coordination Network
(with local trial Attorneys)

Prior Acts Coverage/Liberal Tail Provisions

Reinsured Through Zurich Re.

Non-Assessable Policy

Risk Management Through ELM
Approved For 15 AMA C.M.E.'s

$50,000 Credential & Disciplinary
Legal Expense Reimbursement Plan

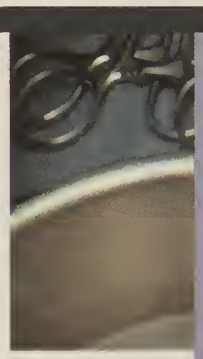
UNITED PHYSICIANS INSURANCE
Risk Retention Group
180 North LaSalle Street, Suite 2920
Chicago, IL 60601

For More Information Call

(312) 236-3133 OR (800) 767-0909



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.



Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY



Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

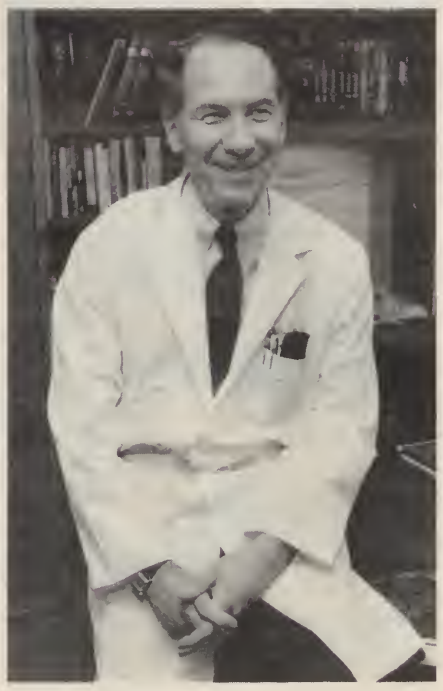
Dr. Hellman blends medicine, biology and academia

by Janice Rosenberg

BEFORE HE SETTLES into his chair at the University of Chicago's Quadrangle Club, Samuel Hellman, M.D., stops to greet several faculty members dining in the gothic hall. "If you asked anyone in here who I was they wouldn't tell you I'm the dean of the medical school," he says. "They'd tell you I'm dean of BSD, the biological science division. That's one of the things I like about this place. Medicine is embedded in biology and the whole division is embedded in the university."

Dr. Hellman's exact title is a long one. Since September 1988, he has been dean of the division of biological science and the Pritzker School of Medicine; vice president of the University of Chicago Medical Center; and A.N. Pritzker professor in the department of radiation and cellular oncology at the university. He came to Chicago from his position as physician in chief at Memorial Sloan-Kettering Cancer Center in New York.

"I can't remember ever wanting to be anything but a physician," Dr. Hellman says. "I chose radiology because I was interested in cancer. I thought it would be most fulfilling to be able to do something about it. Radiation therapy offered me that."



Samuel Hellman, M.D.

As Dean of the Pritzker School of Medicine, Dr. Hellman has given much thought to the problems facing today's medical students. "We're in a period of transformation in medicine," he says. "It's a very hard time for students to plan for their futures. They don't know whether society will be willing to pay for the modern advances in medicine. There's no point in becoming a cardiac surgeon if society isn't going to pay for cardiac surgery."

A biological revolution at hand

Besides these basic organizational questions, deeper scientific issues are beginning to affect the daily practice of medicine. "We're in a biological revolution of the most profound kind," Dr. Hellman says. "It's going to have enormous effects on medicine."

The biological revolution, which Dr. Hellman likens to the Industrial Revolution of the last century, evolved from the discovery in the 1950s of DNA. That discovery led in the 1970s and '80s to a rapid growth of scientific knowledge in the field of molecular biology. "We now can make artificially, biologic instruments that never were created in nature," he continues. "Everything is up for grabs. We have tremendous new power."

The revolution led to the development of genetic engineering. Scientists' ability to work with genes presents physicians with new and perplexing ethical questions. Should the genetics of growing old be made the subject of serious investigation so that ways can be found to prolong life? Would this be good for society?

Dr. Hellman's perspective on the biological revolution has influenced his vision for the future of the medical school. All of his current projects are directed at harnessing the products of that revolution.

First, Dr. Hellman is working with the dean of social sciences and members of the law and business school faculty to develop a university-wide program on the doctor-patient relationship. The new program will explore ethical matters such as the rationing of health care and the nature of the social contract between physician and patient.

Making science attractive

Dr. Hellman's second project underlines his firm conviction that science must be made more attractive to students at every level. The university plans to build what he calls "the equivalent of a one-room schoolhouse." This new building will house all science teaching labs and classrooms for first-year undergraduates taking required biology, science majors, medical students and doctoral candidates. "There will be a great opportunity for overlap among students," Dr. Hellman says. "And, frankly, I think that will help seduce some of them into science and medicine."

Third, Dr. Hellman is working to form a university center for molecular medicine. "I believe that basic molecular biology can be applied to medicine," he says. "We need to devote our attentions to taking the fruits and riches of the biological revolution and applying them to human disease."

All of Dr. Hellman's projects take advantage of the medical school's physical location. "All the schools including the medical school are in one place," he notes with obvious satisfaction. "And the university is everything a university should be. It's very interactive."

Dr. Hellman waves a hand toward his colleagues in the faculty dining room and concludes, "This is a unique place, a great place. My notion of its special attraction has only been amplified since I got here." ▲

Assistant Medical Director

-Chicago Opportunity-

The CNA Insurance Companies, a prestigious leader in the Group Benefits arena, are seeking an Assistant Medical Director to join our corporate Group Benefits Department.

Our ideal candidate will be a board certified MD who specializes in Internal Medicine or as a General Practitioner. This important role requires the expertise to communicate complex medical concepts to a non-medical audience, read and interpret x-rays and EKGs, and efficiently manage a small non-medical staff. Work exposure within a corporate environment OR with an insurance carrier is a strong plus.

Interfacing with CNA's underwiting and claims professionals, the selected candidate will assist in developing claims policy while analyzing the possible impact of changing medical technology on Group Benefits.

CNA provides an excellent salary and comprehensive benefits package featuring a 401(k) plan. Qualified professionals are invited to call or write:

John Walker, Employment Representative, CNA INSURANCE COMPANIES, P.O. Box VV, Dept. IADV001, Chicago IL 60685. Within Chicago Area Call: (312)822-4422. Outside Chicago Call (800)CNA-HIRE. Equal Opportunity Employer M/F/H/V

CNA

For All the Commitments You Make®

"Doctor, your elk is calling."



Big game you've only dreamed of... just one phone call away.

Bull elk and mule deer bucks that will stop your heart... or capture it.

- Big game hunts or photo safaris
- Choice of three types of camps
- Expert guides and wranglers
- Owned by a doctor - operated for doctors
- Located near Aspen
- Breathtaking mountain landscapes
- One trip you'll always remember
- Complete customized trip service

"Call him back." 1-800-251-6877

Last Chance For Fall Hunts! CALL TODAY

Rocky Mountain Safaris

818 26 Road, Grand Junction, CO 81506
(303) 243-9296

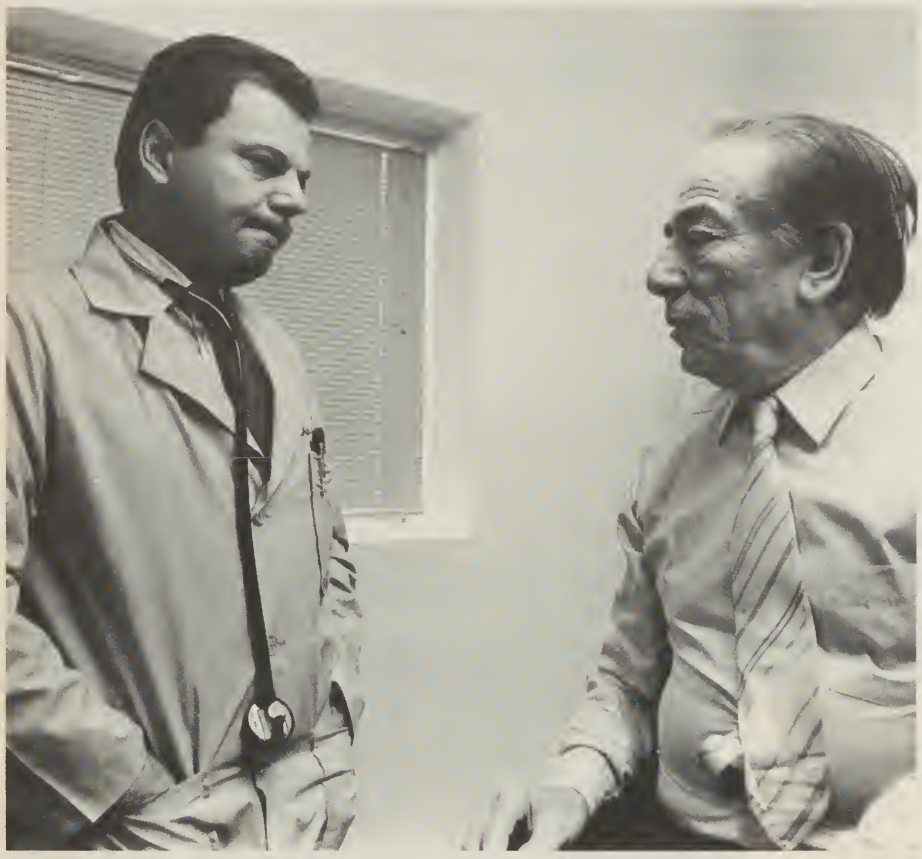
Chicago's Russian immigrants find health care and more, at north side clinic

by Lisa Kim

IT'S TRUE: the Russians are coming. By the end of this year, more than 4,000 new Russian immigrants are expected to settle in Chicago. "This is the largest number of Russian immigrants to Chicago in one year that we've ever seen," says Sheldon Wykell, administrator of the Hebrew Immigrant Aid Society (HIAS) of Chicago.

These new arrivals need a variety of services, including health care, to aid their successful assimilation into American life. That's where Chicago's California-Devon Medical Center (CDMC) comes into play.

The headlong rush of Russian immigration to Chicago can be easily seen and heard in this north side clinic where Russian immigrants say they are joyful about both their newfound religious freedom and the better medical services available to them.



Internist Boris Gurevich, M.D. (left), listens to a patient at California-Devon Medical Center. Dr. Gurevich completed his medical training in the Soviet Union before opening the Chicago clinic in 1982.

Immigrants look to center for medical and social services

What sounded to one reporter like a hotly contested Russian debate at CDMC, 6420 N. California Street, turned out to be just 20 recently arrived Russian senior citizens chatting in the Slavic style. The medical center serves some 7,000 patients, of whom 75 percent are Russian immigrants with an average age of 65.

Perhaps typical is Faina Gulyanskaya-Tsesis, who came to Chicago from the Soviet Union eight years ago. The center provides her and others with both medical treatment and help in the struggle of everyday living in a new culture. The facility boasts eight examining rooms, a minor surgery room, a great deal of modern physical therapy equipment, a lab, a multispecialty staff of seven Russian doctors (and one Greek) and a bilingual Russian-English staff ready to answer questions ranging from concerns over electric bills in a foreign language (English) to more complex inquiries into Medicare coverage.

"Are there people to be taken back? Any people to be taken back?" shouted a man in Russian while pacing back and forth across the pink and gray office. He is "Mr. Shusterman," the medical center's Russian bus driver. The center's bus schedule is posted on the wall alongside the reception desk where six young women are moving busily about. "The office staff tries to schedule our appointments according to when the bus will run," says Tsesis (through an interpreter), who arrived on one of the buses today. "Mr. Shusterman drives it straight along the government housing where most of these patients live, and picks up people at each building. Sometimes this bus gets so crowded that there is no room for another person," she added.

Facility expands as need grows

Starting with an office 4,000 square feet smaller than their present one, Boris Gurevich, M.D., an internist and Leonid Shvartsman, M.D., a psychiatrist, opened CDMC in 1982 after completing their medical training in the Soviet Union. Since then, the doctors have added five other Russian physicians to their practice. Of the center's 7,000 patients, 1,500 are new arrivals from 1989 alone.

"When we opened this facility, there were not many Russian doctors on the north side of Chicago," says Dr. Gurevich. "The Russian people had difficulty communicating with doctors who didn't speak Russian, so we had an idea to have a medical center especially for older Russian patients not able to learn English and unable to communicate with non-Russian-speaking physicians," he said.



Photos by Alexandra Buxbaum

Leonid Shvartsman, M.D., worked with Dr. Gurevich in opening the clinic.

"Our patients come to America without knowing any English and they get lost," says Dr. Shvartsman. "The first thing they learn about is our office and they ask questions of our staff to help them get settled," he said.

"We try to make appointments for them, [if they need] to see a specialist and don't speak English," says Larisa Kutsysmina, the center's office manager. "We help them contact the public aid office or a community organization to arrange a housekeeper. Sometimes their children live far away and they don't communicate with each other very often. They will bring their mail to us and say, 'Just tell me what I got in the mail,' because they are scared that it may be a bill and they need to know, to pay it."

Cultural differences create emotional problems

In addition to receiving these services and medical treatment at the center, Dr. Shvartsman says many of the older immigrant patients require psychiatric care for depression and other disturbances.

"Many Russians who never dreamed they would be able to come here, hope for a better life, but they find this isn't true," says Dr. Shvartsman. "When they arrive, they realize life in America is free, but not as easy as they imagined because of such a different culture."

"The patients come from a socialist country where the government interacts with them all their lives, saying 'do this' or 'don't do that,'" adds Dr. Gurevich. "Here, they have freedom and choices, but they're not able to make them very often because they are waiting for direction. And nobody is going to give them direction, which creates problems."

"It is very difficult for a 50-year-old Russian who doesn't speak English to get a job here," notes Dr. Shvartsman. "Since they have no money, they must depend on their children. But their children often become very Americanized and can-

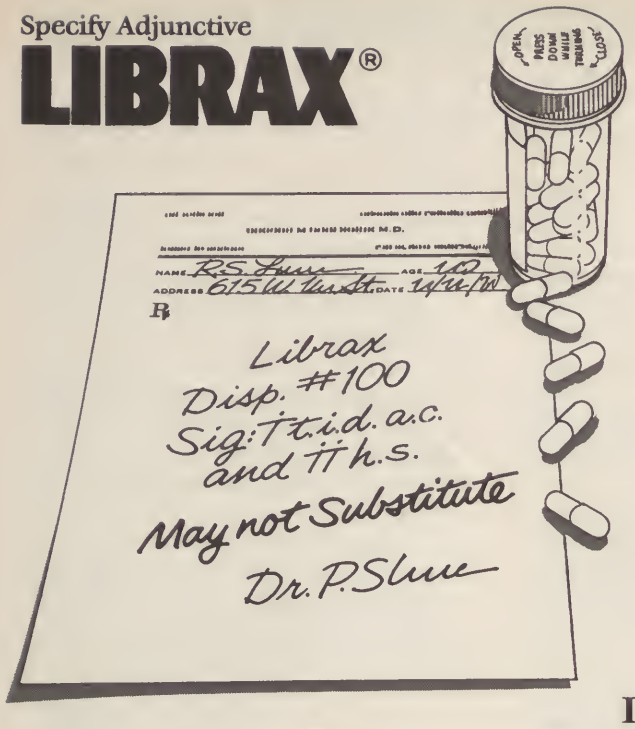
(continued on next page)

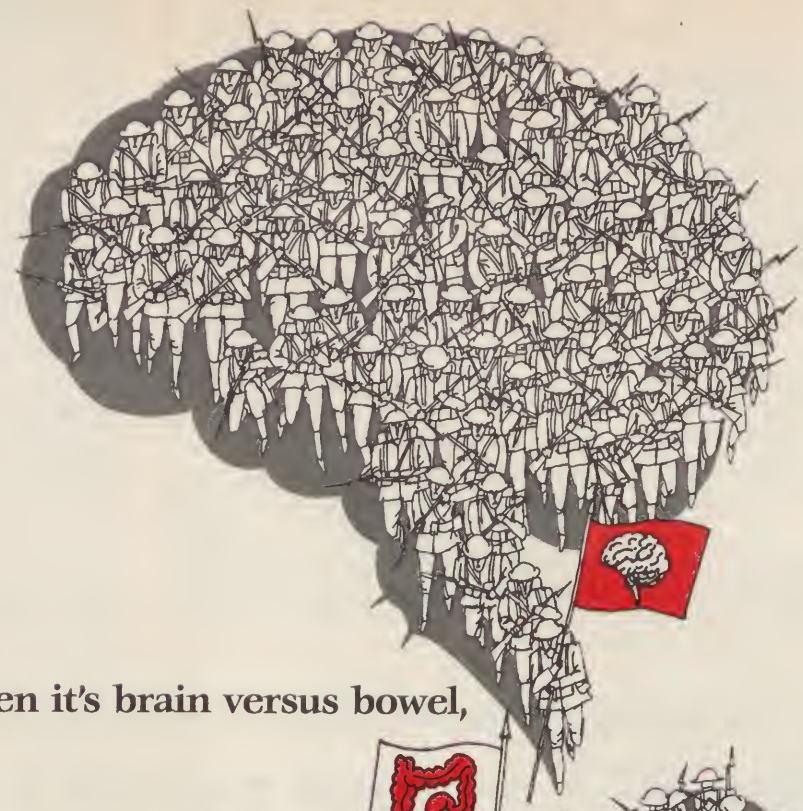


Physical therapist Michael Friedman treats a clinic patient. The California-Devon Medical Center on Chicago's north side serves some 7,000 patients, many of whom are elderly Russian immigrants.

Specify Adjunctive

LIBRAX®





IL

To insist on the brand, be sure to check the "May not Substitute" box on your prescription.

In IBS,* when it's brain versus bowel,



IT'S TIME FOR THE PEACEMAKER.

In irritable bowel syndrome,* intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive

LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).
Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**
As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.
Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

P.I. 0288

ROCHE Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

Copyright © 1989 by Roche Products Inc. All rights reserved.

(continued from page 14)

not pay attention to them because they work or must take care of their own children. So (the seniors) feel lost or rejected and the depression gets deeper and deeper."

While therapy may not always solve their problems, says Dr. Shvartsman, it helps them better understand their situation and learn how to cope with the cultural shock.

American health care viewed as positive

While cultural differences have hindered some Russian immigrants' assimilation to the United States, the newcomers view differences in health care between the two countries positively. "Because there's no free enterprise and it's all socialized medicine in Russia, nobody ever takes time to see the patient," points out Dr. Gurevich. "Whether you see a patient or not, the doctor still gets paid by a government salary."

Dr. Gurevich says many of his patients suffer from arthritis, diabetes, hypertension and heart problems. "In some cases, their health problems are far advanced because they were not treated properly in Russia. Health care technology is far behind. They don't know how to prevent certain health problems. There are not enough medications. Hospitals are very crowded and not well-equipped because there isn't enough money. In Moscow, a city of 8.01 million (population) for example, there are only four or five CAT scan (machines) for the entire city."

Poor diet in their native land, notes Dr. Gurevich, is another contributing factor to health problems among the Russian immigrant population. "It is very hard to follow the right kind of diet in Russia because of food shortages. There is not a variety of fresh fruits and vegetables throughout the year like we have here."

More Russian immigrants expected

Dr. Gurevich says physicians throughout the Chicago area can expect to see more Russian patients in the near future, as immigrants gradually scatter across the city and its suburbs. "Many patients we serve in the beginning will move around the city and end up with different physicians at different hospitals."

He adds that serving older Russian immigrants medically and socially will be a lifelong project. "The younger Russian immigrants will fortunately be able to adjust quickly by learning English and being on their own," he says. "For the immigrants who've stayed with us in the past, I've followed some of them for seven or eight years and have gotten very attached to them. When you get very close and attached to their medical problems, it's very often hard not to become involved in their social problems. We're all like family." ▲

Survey

(continued from page 1)

defensively: Seventy-eight percent of the responding physicians say they order more tests. Fifty-four percent have stopped performing certain procedures, while 76 percent report they have increased their referrals to specialists. Sixty-two percent report they are more selective about whom they treat.

• The biggest increase in this area was among the 46 percent of the responding physicians who say they have limited their use of newly developed techniques; that is a 7 percent gain since the 1987 survey.

Member services ranked

The survey also asked doctors to rank services provided by the medical society and once again respondents listed the same top three services that dominated the 1987 survey: representing medical interests in the state capital, providing liability insurance and informing the public and the media on health issues.

The political interests of Illinois physicians were also reflected in the growth of support for the society's political action committee (PAC). Members rated "support of candidates through PACs" at 6.7 (on a 10-point scale), up from 5.5 six years ago.

Two services dropped slightly when compared to previous surveys: "monitoring, reviewing and disciplining of colleagues" as a state medical society service declined from 7.78 on the 10-point scale in 1987 to 6.88 in 1990. "Providing information on current socioeconomic developments" also declined slightly, falling from 6.5 in 1983 to 6.13 in 1990.

The survey reported that among younger members (under the age of 35), malpractice issues led the list of important issues by a wide margin, just as it did with older practitioners. Younger members, however, rated more highly "problems with third party payers," "access to care by low-income patients," "problems with providing care for uninsured patients" and "the implementation of universal health coverage" than did older members.

Other trends noted with younger physicians include their likelihood of practicing in a hospital-based or partnership/group practice, rather than practicing alone, and the reduced number of prescriptions they write. The survey also quantified the growing number of women in the profession; in physicians under the age of 35, women make up 21 percent of the doctors in Illinois; that percentage drops to 13 percent for physicians aged 35-54 and plummets to 6 percent for physicians over the age of 55.

Illinois Medicine *rated*

Members were also asked to rate their response to *Illinois Medicine* and the newspaper, now in its second year of publication, demonstrated solid member acceptance. When asked to cite the two medical publications they read most often, survey respondents placed *Illinois Medicine* (55 percent) in head-to-head competition with the industry leader, *American Medical News* (58 percent), published by the American Medical Association. Asked to compare the value of *Illinois Medicine* to other publications, including *Medical Economics, Medical Tribune* and *Modern Healthcare*, readers overwhelmingly selected *Illinois Medicine.*

Readers cited the newspaper's coverage of current medical events and legislation and regulation in the state as good; public health issues and malpractice insurance information were also highly rated.

More than half of those surveyed called for improved coverage of the business side of medicine and clinical and social topics, while coverage of reimbursement issues received mixed reviews.

The all-member survey, conducted by Coldwater Corp., follows mail surveys done in 1983 and 1987 and a 1989 phone survey. Twenty-two percent of the 1990 surveys mailed were returned, a statistically valid return rate, according to survey experts. ▲

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

Wisconsin

Physicians BE/BC

It's never too late for a new beginning! Dial **1-800-338-0568** and discover "The Right Choice" for your medical practice in beautiful Southern Wisconsin.

Specialties

- Allergy
- Cardiology
- Dermatology
- Emergency Medicine
- Family Practice
- Internal Medicine
- Neurology
- Obstetrics & Gynecology
- Ophthalmology
- Orthopedics
- Otolaryngology
- Psychiatry

The Monroe Clinic associates provide the highest continuum for patient care and you have easy access to peers or specialists for consultation without the distractions of office management.

For an early prescription to a lasting, equitable partnership, please call or send your curriculum vitae to Robert Enterline, Physician Staffing Director, The Monroe Clinic, 1515 Tenth Street, Monroe, Wisconsin 53566.

"equal opportunity employer."

The Monroe Clinic

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

***Adams**
James G. Adams, M.D., of Troy, died March 11, 1990 at the age of 69. Dr. Adams was a 1955 graduate of St. Louis University School of Medicine, St. Louis, MO.

****Ballin**
Michael Ballin, M.D., of Chicago, died March 12, 1990 at the age of 82. Dr. Ballin was a 1934 graduate of the University of Illinois College of Medicine, Chicago.

***Barrick**
Robert G. Barrick, M.D., of Northfield, died April 9, 1990 at the age of 75. Dr. Barrick was a 1942 graduate of Northwestern University Medical School, Chicago.

***Doenges**
John P. Doenges, M.D., of Olney, died April 29, 1990 at the age of 68. Dr. Doenges was a 1945 graduate of the University of Maryland School of Medicine, Baltimore.

****Gersten**
Sol S. Gersten, M.D., of Rockford, died March 8, 1990 at the age of 80. Dr. Gersten was a 1937 graduate of Chicago Medical School, Chicago.

****Gilman**
William Gilman, M.D., of Wenona, died March 17, 1990 at the age of 76. Dr. Gilman was a 1938 graduate of the University of Illinois College of Medicine, Chicago.

****Haraburda**
Stanley V. Haraburda, M.D., of Chicago, died March 23, 1990 at the age of 85. Dr. Haraburda was a 1930 graduate of Loyola University Stritch School of Medicine, Chicago.

***Huff**
Virginia T. Huff, M.D., of Galesburg, died March 19, 1990 at the age of 82. Dr. Huff was a 1934 graduate of Northwestern University Medical School, Chicago.

****Hurwich**
Jerome J. Hurwich, M.D., of Libertyville, died March 16, 1990 at the age of 78. Dr. Hurwich was a 1935 graduate of the University of Illinois College of Medicine, Chicago.

***Kremper**
Joseph G. Kremper, M.D., of Burr Ridge, died March 31, 1990 at the age of 47. Dr. Kremper was a 1968 graduate of Loyola University Stritch School of Medicine, Chicago.

****LeSage**
Robert T. LeSage, M.D., of Marco Island, FL (formerly of Dixon), died February 15, 1990 at the age of 77. Dr. LeSage was a 1938 graduate of Northwestern University Medical School, Chicago.

***Light**
Arthur Light, M.D., of Glencoe, died March 31, 1990 at the age of 70. Dr. Light was a 1945 graduate of Chicago Medical School.

***McLaughlin**
John J. McLaughlin, M.D., of Evergreen Park, died February 6, 1990 at the age of 67. Dr. McLaughlin was a 1946 graduate of Loyola University Stritch School of Medicine, Chicago.

****Murphy**
George T. Murphy, M.D., of Chicago, died February 20, 1990 at the age of 91. Dr. Murphy was a 1925 graduate of Rush Medical College, Chicago.

***Neufeld**
Gwynne Neufeld, M.D., of Peoria, died March 17, 1990 at the age of 38. Dr. Neufeld was a 1975 graduate of Howard University College of Medicine, Washington, D.C.

****Plzak**
Louis F. Plzak, M.D., of Bryn Mawr, PA (formerly of Berwyn), died February 16, 1990 at the age of 87. Dr. Plzak was a 1928 graduate of Rush Medical College, Chicago.

****Poticha**
Joseph S. Poticha, M.D., of San Diego, CA (formerly of Chicago), died March 12, 1990 at the age of 82. Dr. Poticha was a 1933 graduate of the University of Illinois College of Medicine, Chicago.

****Raycraft**
William B. Raycraft, M.D., of Holland, PA (formerly of Oak Park and River Forest) died March 25, 1990 at the age of 95. Dr. Raycraft was a 1926 graduate of Loyola University Stritch School of Medicine, Chicago.

***Ringwald**
Clifford W. Ringwald, M.D., of Skokie, died February 7, 1990 at the age of 67. Dr. Ringwald was a 1946 graduate of the Medical College of Wisconsin, Milwaukee.

****Stastny**
John W. Stastny, M.D., of River Forest, died February 2, 1990 at the age of 79. Dr. Stastny was a 1937 graduate of the University of Illinois College of Medicine, Chicago.

****Tillson**
William Tillson, M.D., of LaGrange Park, died February 16, 1990 at the age of 95. Dr. Tillson was a 1919 graduate of the University of Virginia School of Medicine, Charlottesville.

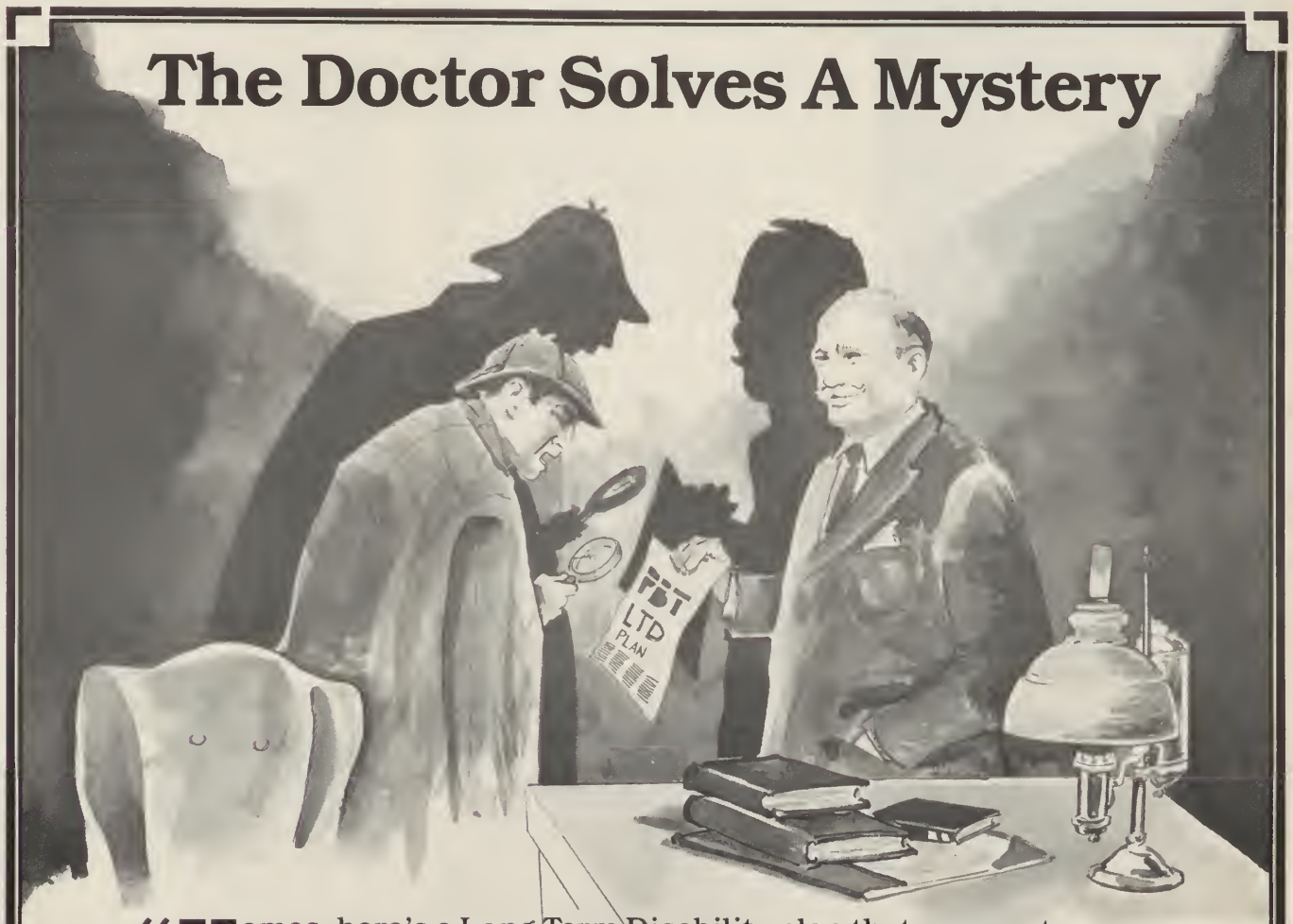
***Wagner**
Richard J. Wagner, M.D., of Hastings, MN (formerly of Chicago), died February 2, 1990 at the age of 67. Dr. Wagner was a 1947 graduate of the Medical College of Wisconsin, Milwaukee.

****Welford**
Norman T. Welford, M.D., of Hinsdale, died February 14, 1990 at the age of 91. Dr. Welford was a 1924 graduate of the University of Western Ontario Faculty of Medicine, London, Ontario, Canada.

***Wiss**
Edward J. Wiss, M.D., of Chicago, died March 18, 1990 at the age of 72. Dr. Wiss was a 1944 graduate of the University of Illinois College of Medicine, Chicago.

****Wollak**
Charles Wollak, M.D., of Joliet, died March 2, 1990 at the age of 79. Dr. Wollak was a 1939 graduate of Chicago Medical School, Chicago.

The Doctor Solves A Mystery



"Homes, here's a Long Term Disability plan that pays up to $10,000 per month, and it defines disability to meet the real needs of physicians," Doctor Batson declared.

"Egad, it must cost a fortune," Homes responded diligently.

"About half of what others charge for the same protection," replied Doctor Batson.

"But how's that possible, Batson?" Homes implored.

"Elementary, my dear Homes. It's what I expect from my medical society. After all, it's just what the doctors ordered!"

There's no mystery to obtaining great benefits protection at low cost group rates. Simply call or write the PBT.

(800) 621-0748
(312) 559-9130

☐ Please send information about the **PBT Long Term Disability Plan.**
☐ Send information about the other PBT plans I have checked.

☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____
Practice Name: _____
Street: _____
City/State/Zip: _____
Telephone: _____
ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Turnock *(continued from page 1)*

ilies with a Future program, designed to reduce infant mortality, and helped publicize the Parents Too Soon program, which addresses teen pregnancy issues. He has been credited with streamlining nursing home regulations, pushing for improved public health through prevention programs, and revamping the Women, Infants and Children program in Illinois.

Summit outcome remains uncertain

Most recently, he chaired the policy steering committee of the Chicago and Cook County health care summit, which released its report in April. The summit's recommendations received a lukewarm reception from legislators during the spring session of the General Assembly, but Dr. Turnock believes the summit's eventual outcome is unknown.

"There may well be some efforts later this year to be able to deal with those [recommendations] that require legislative action," he said. "Even beyond that, there are a number of recommendations proceeding toward implementation by the various levels of government or agencies involved that don't require agreement or direction by the General Assembly.

"The problems that we are dealing with were virtually decades in the making, and the agenda laid out in the summit's recommendations is a long-term one," he added. "And if we don't accomplish it all or make significant steps in the first few months, at least we've set the direction and the destination for the journey that follows."

Dr. Turnock indicated that politicization of the salary review process for agency heads was a factor in his decision. He pointed out that his $71,321 public health director salary is approved by the General Assembly and based on the recommendation of the Compensation Review Board, while the salary of the assistant director is not.

"That's one of the inequities of the way constitutional offices, judges and agency heads are compensated," Dr. Turnock said. "The net effect has been ... very little increase in the salaries of those officials subject to the Compensation Review Board in recent years." He said that other salaries at state agencies are subject to the state personnel system, which in many instances allows employees of state agencies to make more, often considerably more, than their directors. "That's an inequity, but I don't want to correct that by bringing down the salaries of competent health professionals like Dr. Lumpkin and others," he added. Dr. Lumpkin will continue receiving his assistant director salary of $82,008.

In accepting the university position, Dr. Turnock said he hopes to use his agency experience to shape the school's approach to training public health professionals. He would also like to use his background in maternal and child health to develop graduate training programs in that area.

"All too often the academic sector lacks people with day-to-day public health experience," Dr. Turnock said. "It's absolutely key that there be more of a balance between academicians, who have little practical experience, and people who have been out there at the front lines, dealing with public health issues in terms of the principles and the politics and the bureaucracy, and [interacting] with the communities and key organizations."

Dr. Lumpkin has been associate director of the IDPH Office of Health Care Regulation since October 1985. He is assistant professor of emergency medicine at Northwestern University Medical School and also teaches at the University of Illinois School of Public Health. "We are fortunate to have someone with Dr. Lumpkin's impressive professional background and experience in public health who is able to step in to this important position," Thompson said. ▲

CHIP
(continued from page 2)

CHIP board member, said the pancreas transplant procedure was not rare, but no national consensus exists yet regarding the status of the procedure. Carlson added that CHIP had received information from Medicare and the Health Care Financing Administration, which stated that Medicare does not cover procedures it considers investigational. ▲

Rural health
(continued from page 3)

plans to introduce a vehicle bill and will seek a start-up appropriation for the program during the legislature's November veto session.

Rea said he is optimistic that at least some of the new rural health programs will begin next spring. The legislation "gives us a flexibility for new programs, and a commitment to see them through," he said. "Now it's just a matter of time and money – mostly money – before we can get this under way."

S.B. 2277 was sponsored in the Senate by Sens. Rea, Margaret Smith (D-Chicago), William O'Daniel (D-Mt. Vernon), Vince Demuzio (D-Carlinville), Penny Severns (D-Decatur) and Denny Jacobs (D-East Moline). In the House, it was sponsored by Reps. David Phelps (D-Eldorado), Bill Edley (D-Macomb), Karen Hasara (R-Springfield), Kurt Granberg (D-Carlyle) and Larry Woolard (D-Marion). ▲

CME
(continued from page 1)

Pharmaceutical Manufacturers Association, Dr. Wentz told *Illinois Medicine.*

Origins of the new committee date back three years to an SMCDCME committee on cooperation with industry, said Dr. Wentz, who appointed the original group. The new committee served as a steering committee for a conference held last month that addressed the issue of pharmaceutical company-sponsored CME activities, he added. Its next meeting will be Sept. 26.

The issue was also raised at the 1990 Illinois State Medical Society (ISMS) House of Delegates meeting when James E. Bane, M.D., a delegate for the Winnebago County Medical Society, introduced a resolution calling on ISMS to "adopt ethical guidelines that would restrict physicians' acceptance of expensive gifts." The resolution also directed the ISMS delegation to introduce a similar resolution at the AMA annual meeting. The ISMS House narrowly defeated the resolution 100-93, with very little debate.

The steering committee is expected to have a draft of its proposed regulations by Christmas, according to Dr. Wentz. After circulation, the draft regulations will be introduced into the ACCME process by one of its parent groups, such as the AMA, he added. The committee may also create a certification "seal" for educational programs that meet CME professional standards, to help physicians identify quality programs.

According to Dr. Wentz, attendees at the August conference concurred that, because of extensive funding by pharmaceutical companies supporting CME programs, "The public is looking at this and would be comfortable if we had guidelines that we all followed and if the guidelines were audited in force.

"We agreed that if any regulation should be done, people from CME and drug companies should do it," Dr. Wentz added. "It should not be done by the political process of Congress."

An article regarding Illinois physicians' opinions on CME programs sponsored or underwritten by the pharmaceutical industry will appear in the next issue of *Illinois Medicine.* ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Otolaryngology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Pediatrician: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE pediatrician to join department of 17 BC/BE pediatricians. Two year guarantee plus comprehensive benefit package offered. The community offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Dermatology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820; 217/351-1285.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician wanted. Pediatrician, with or without training in allergy, to join rapidly expanding solo practice near Chicago. Excellent opportunity. Reply to Box 2171, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Large south side practice is looking for energetic physicians to join a stable practice of twelve years. Looking for (1) family practitioner, (2) general practitioner, (3) pediatrician. Please respond in confidence to: P.O. Box 578, Chicago, IL 60617.

Medical center seeking physicians to work part time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call 708/390-0300 or 708/390-9300.

OB/gyn—family practice—general surgery— internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc., 12724 N. Maplecrest Lane, Mequon, WI 53092, 1-800-243-4353.

General Surgeon—BC/BE to join multispecialty group in southern Illinois serving population of about 20,000. Within 20 miles of Southern Illinois University Medical School, 120 miles from St. Louis, MO and 45 miles from Paducah, KY. Modern 40 bed hospital with x-ray, lab, CT scan, ultrasound and special care unit. Must be willing to do some primary care. (No OB). Guaranteed income with all practice expenses paid plus incentive. Write: E. A. Helfrich, Administrator, Union County Hospital, Anna, IL 62906; 618/833-4511 call collect.

Family physician—well equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five-room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone 618/285-6634.

St. Louis University's HealthLine Physician Services is currently recruiting primary care physicians to provide clinical services in the emergency department of Harrisburg Medical Center in Harrisburg, IL; full-time and part-time positions are available. Moderate volume; 24-hour radiology, anesthesiology, laboratory; strong ED nursing and medical staff support. Competitive hourly rate with professional liability insurance provided. Contact Gerry Liebmann, 1-800-443-3901, 3663 Lindell, Suite 400, St. Louis, MO 63108.

Escape to Wisconsin! Stay close to Chicago. Grow- ing southern Wisconsin, 44 physician, multispecialty group is seeking two internists, a vascular surgeon, a rheumatologist, an OB/gyn, an ophthalmologist and a neurologist. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Parkway, Beloit, WI 53511, or call 608/364-2200.

Pediatrician, OB/gyn, family practitioner, general surgeon. Growing 17 physician, multispecialty clinic in beautiful northwestern Wisconsin seeking BC/BE specialists. Attractive partnership opportunity. Come grow with us! Contact Donald W. Clemens, Administrator, Indianhead Medical Group, Ltd., 1020 Lakeshore Drive, Rice Lake, WI 54868. Phone 715/234-9031.

Looking for an associate to join a well established primary care medical practice near Chicago, with an option to take over the practice. Call 815/786-9767.

Pediatrics—Brainerd, MN: Join 2 pediatricians in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Need medical oncologist in practice to associate with cancer center. Write to Box 2172, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine—Brainerd, MN: Join 7 internists in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Cardiology: 70-doctor multispecialty group seeking third cardiologist to associate in excellent growing consultative practice, combining both invasive and non-invasive opportunities. Well equipped offices within a well staffed, modern hospital minutes from clinic; "state of the art" catheterization laboratory with digital angiography and full non-invasive cardiac lab. New ICU and CCU being built. Drawing area 400,000. Stimulating midwest Big 10 university community of 100,000 with cultural advantages. Ideal for family. Medical school teaching affiliation. Excellent initial guarantee and fringes with early associateship and subsequent income based exclusively on productivity. Send CV to Ronald H. Deering, M.D., 101 W. University, Champaign, IL 61820.

Private practice opportunities exist in southern Indiana affiliated with a 590 bed hospital. Specialties include internal medicine and family practice. Competitive compensation plan and attractive partnership arrangement available. Send CV to Don Hoit, 11222 Tesson Ferry Rd., Suite 203, St. Louis, MO 63123, or call 1-800-336-3963.

LifeSpan Health Care Services seeks family physi- cians for Cambridge, MN, Crosby, MN, Grantsburg, WI, Hopkins, MN, Lakefield, MN, Litchfield, MN, Minneapolis, MN, Monticello, MN, Springfield, MN, St. James, MN, Wayzata, MN, Woodville,WI. For further information contact: LifeSpan Health Care Services, 800 E. 28th St., Minneapolis, MN 55407; 612/863-4193. Ask for Jerry Hess.

Chicago area: the expansion of our leading psychi- atric group calls for two additional general psychiatrists and one more child psychiatrist who are clinically competent, team-oriented, and dependable. Experience with chemical dependency treatment and inpatient work is a plus. We offer a high guaranteed salary, profit-sharing, flexible scheduling, paid vacations and holidays, CME time, an outstanding benefits package, and paid malpractice and hospital dues. These positions include outpatient and inpatient services in Chicago and the suburbs. For information, call Michelle Peterson at 708/323-4302.

X-ray technologist, experienced. For work with S.W. side group—established 44 years. Convenient to all expressways. Opportunity to work with patients in areas other than radiology. Bilingual English and Spanish preferred, but not necessary. Full or part-time. Contact: David Rosner, M.D., 312/247-4900.

Obstetricians/gynecologists—Illinois. Board certi- fied or board eligible obstetricians and gynecologists wanted to join a 210 physician, multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801, or call collect at 217/337-3417.

Pediatricians—Illinois. Board certified or board eligible pediatricians needed to join 210 physician multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801; or call collect at 217/337-3417.

Busy practice, geripsychiatry, looking for full or part-time psychiatrists. Please call and/or send your CV to Center for Psycho-Social Development, 300 N. State St., #5308, Chicago, IL 60610; 312/565-2251.

Family practice Minnesota—Physician needed for employment or ownership of broad based practice in rural community 45 minutes south of metro area. Existing shared call, tremendous earning history of retired physician, fully equipped and staffed office. Near outstanding hospital with all specialties represented. Guaranteed compensation, full benefits, bonus. For this and other opportunities in the upper midwest, send CV: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect 612/454-7291.

Radiologist. Board certified. Immediate opening, full-time. Chicago south suburb. Competent in all phases of diagnostic imaging including special procedures, MRI and ultrasound. Send CV to: Radiology Center, Box 2399, Homewood, IL 60430.

Non-invasive cardiologist—Four physician, single specialty cardiology group has an immediate opening for a BE/BC non-invasive cardiologist. Echo, doppler, holter and treadmill are established in-clinic. Full invasive and surgical programs are established. The practice serves a large and expanding regional referral area in mid-Michigan. Generous compensation and early partnership are available. Send CV to: The Heart Group, P.C., Attn: N. Polzin, 4701 Towne Center Rd., Suite 201, Saginaw, MI 48604.

Family planning clinic looking for board certified gynecologist with own malpractice to do pregnancy terminations 1-2 mornings a week. Send resume to: Administrator, P.O. Box 608, Elgin, IL 60121.

Primary care physicians needed to cover a moder- ate volume acute care clinic at Scott Air Force Base in Illinois. The clinic is located 30 minutes from downtown St. Louis, MO and is open 10:00am - 10:00pm daily. Annual reimbursement fee is in excess of $85,000. Part-time hours are available. High limit occurrence malpractice insurance and allowance for CME and professional dues. For more information contact: Ben Hatten, Spectrum Partnership Services, 999 Executive Parkway, St. Louis, MO 63141; 1-800-325-3982, ext. 3004.

Successful group seeking BC/BE internist to staff satellite office in Wisconsin northwoods recreational haven. Over 1,000 lakes, hunting, hiking, skiing, snowmobiling. Fully equipped and staffed office adjacent to 100-bed regional health care facility. Generous guaranteed salary and benefits with incentives and option to purchase practice after first year. Please contact: Michael Krier, 1-800-272-2777 or 414/784-2777, 15850 W. Bluemound Rd., Suite 300, Brookfield, WI 53005.

General/family practitioner needed full-time to cover an outpatient clinic in Rantoul, located 15 minutes north of Champaign. The clinic is open 8:00am - 5:00pm, Monday through Friday. Average of 30 patients scheduled per day with no in-house or on-call responsibilities. Annual reimbursement fee in excess of $75,000. High limit occurrence malpractice insurance and allowance for CME and professional dues. For more information contact: Ben Hatten, Spectrum Partnership Services, 999 Executive Parkway, St. Louis, MO 63141; 1-800-325-3982, ext. 3004.

Rheumatologist: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE rheumatologist to join a department of three BC rheumatologists. Two year guarantee plus comprehensive benefit package offered. This area, which encompasses Appleton, Neenah, and Oshkosh with a combined population of 300,000-plus, offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General practitioner—IL license, DEA certified. Wants part-time position in metro Chicago area. No Medicaid. Call 708/206-1337 evenings.

Podiatrist seeking full/part-time position, Chicagoland area. Residency trained, fluent in Spanish. Write: 1134 N. Wolcott, #3R, Chicago, IL 60622-3714; or call 312/276-7349.

For Sale, Lease or Rent

Dental office—beautiful office in prestigious modern building. Excellent busy location. Three exam rooms, lab, private office, washrooms and parking. Waukegan, IL; 708/244-8340.

Oak Brook. Exquisite country French home with tennis court. Five bedrooms, library, 3-1/2 baths, finished basement, three car garage. Hinsdale district. 708/325-4376.

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Established pediatric practice for sale in growing young community of Bolingbrook. Well equipped office in medical building. Anxious for prompt sale. For information call 708/852-1948 after 8pm.

Active established primary care practice. Complete- ly equipped, staffed and computerized. Excellent patient base. Will introduce. Chicago location. Call 312/346-3364.

Medical suite for rent: in high traffic, stable work- ing community in Chicago area. Excellent demographics. Large modern suite with accessible parking. 312/238-6686.

Prime medical space. Eminent architect will design. 1,750 square feet. Southwest Chicago-Beverly Hills, historic landmark "Village in the City," central location. Parking. Call 312/445-3942.

Otolaryngology practice for sale. Solo practitioner retiring. Over 30 years in practice. Growing community 40 miles west of Chicago. Contact Mr. Hoffman, 708/696-0220 for details.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing. Computerized system can be customized to meet the needs of your practice. Accurate ICD-9 and CPT coding. Insurance filing and follow-up. Financial reports showing practice analysis. Contact Golden Office Management, Inc., 3317 W. 95th St., Evergreen Park, IL; 708/423-7778.

SMC: POL consulting; quality assurance is quality care. Laboratory compliance: federal and state regulation; quality control programs, safety, procedure manuals, instrument maintenance logs, correlation analysis. Complete laboratory evaluation. Free POL assessment. 312/882-4526.

Custom computer graphic slides. For your next lec- ture, let us design your slides. As specialists in the medical photography field, we are experts in design, color, details, and backgrounds. Pick up and delivery available. Unbeatable prices. For information and sample slides call Phil, 312/508-0811.

We're on the beam to collect your past-due receiv- ables! Beam Financial Services, Inc., Mr. Lazer, 312/329-0019.

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE

707 South Wood Street
Chicago, IL 60612

ACCME Accredited

October, 1990 — January, 1991

- ☐ Specialty Review in Hematology
  October 1 - 5, 1990
- ☐ Specialty Review in Nephrology
  October 1 - 5, 1990
- ☐ Specialty Review in Rheumatology
  October 1 - 5, 1990
- ☐ Current Clinical Neurology: A Comprehensive Review
  October 22 - 26, 1990
- ☐ Current Trends in Cardiology
  October 22 - 24, 1990
- ☐ Essentials of Geriatrics for Everyday Practice
  October 25 - 26, 1990
- ☐ Specialty Review in Obstetrics and Gynecology: Practical Aspects
  October 28 - November 3, 1990
- ☐ Specialty Review in General Surgery, Part II
  October 29 - November 5, 1990
- ☐ Sports Medicine for the Primary Care Physician
  November 7 - 9, 1990
- ☐ Flexible Fiberoptic Sigmoidoscopy
  November 10, 1990
- ☐ Advances in Internal Medicine, 1990
  November 12 - 15, 1990
- ☐ Clinical Decision-Making
  November 16 - 17, 1990
- ☐ Advances in Anatomic and Clinical Pathology
  December 3 - 9, 1990
- ☐ Psychotropic Medications: Do's and Dont's in Everyday Practice
  December 7 - 8, 1990
- ☐ Specialty Review in Thoracic Surgery
  January 7 - 12, 1991

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____

Address _____

City _____

State _____ Zip _____

Call toll-free today!

1-800-621-4651

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

NEWLY PRACTICING PHYSICIAN DISCOUNT

REDUCES YOUR PROFESSIONAL LIABILITY COSTS AS YOU ESTABLISH PRACTICE.

IF YOU ARE A PHYSICIAN ENTERING PRACTICE FOR THE FIRST TIME, OR ENTERING A NEW PRACTICE SPECIALTY UPON COMPLETION OF MEDICAL TRAINING, YOU WILL BE ENTITLED TO A REDUCED PREMIUM FOR THE FIRST TWENTY-ONE MONTHS OF PRACTICE.

The Exchange is physician owned and operated, supported by a staff of insurance professionals. We provide superior advocacy service. We are committed to the Illinois physician.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians **since 1976.**

NATIONAL LIBRARY
SEP 2 4 1990
OF MEDICINE

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

WI IL417L
V.2 NO.20 1990
C.01--------SEQ: SR0063601
TI: ILLINOIS MEDICINE

Governor signs bills 3

Illinois Medicine

September 28, 1990 ILLINOIS STATE MEDICAL SOCIETY

Trustees deadlocked on clinic plan

Mile Square fate unsure

by Tamara Strom

THE FATE OF closed Mile Square Health Center on Chicago's west side hung in the balance Sept. 13 when University of Illinois trustees voted 4-4 on a proposal to reopen the clinic under city and university auspices. University rules say a tie vote defeats a measure but they permit reconsideration at the next regularly scheduled meeting.

The vote leaves the proposed reopening plan, calling for the city to take title to the facility and the university to staff the clinic, in limbo. Five of the university's nine trustees had to vote "yes" for the plan to proceed, said trustee Gloria Jackson Bacon, M.D., of Chicago. But one trustee was absent, leaving the eight others deadlocked, she said. Mile Square supporters now have their backs to the wall: two federal deadlines loom before the next scheduled trustee meeting Oct. 11.

The plan's survival rests with a new vote at an emergency board meeting or extensions on the deadlines – a Sept. 21 deadline for resubmitting the plan to the U.S. Department of Health and Human Services and an Oct. 1 deadline for the bankruptcy court holding Mile Square's assets to approve the city's purchase of the center for $1.

City still hopes for approval

The city is "confident and hopeful" the university trustees will still ratify the agreement, said Cindy Moelis, administrative assistant to Mayor Richard M. Daley. "I think it's a good agreement," she said. "The mayor is very dedicated to getting this up and going."

Trustee Kenneth Boyle, of Chatham, said he thinks the board will vote again, possibly at an emergency meeting. He supported the measure "strongly enough to vote yes" the first time, and he "intend[s] to vote yes again." An emergency meeting may be called either by university President Stanley O. Ikenberry or by three trustees.

Dr. Bacon said the board will try to

(continued on page 14)



Wm. Daniels/The Photo Partners

Trustee Susan Gravenhorst (left) opposed the university/city Mile Square agreement, calling it economically irresponsible. Trustee Kenneth Boyle (right) voted for the measure and says he intends to vote "yes" again.

One competitive Senate race and eight open House seats lead General Assembly contests

ILLINOIS MEDICINE'S four-part general election campaign coverage continues with analysis of nine General Assembly seats, including eight open House seats and one Senate race. Open seats are those for which neither candidate is an incumbent. Seven other representative races of interest to Illinois physicians will be profiled in the next issue.



Republicans have a chance to pick up one Senate seat in the hotly contested race between incumbent Democrat Patrick Welch and Republican Nancy Beasley in the 38th Senatorial District. A Republican win would place them within one vote of the Democrat majority. More important, the district encompasses two House districts with open seats, which are also competitive races.

Illinois Medicine staff contacted each of the candidates to solicit their views on four pressing health care issues affecting Illinois: caps on non-economic damages in malpractice cases; universal health care; the independent practice of allied health practitioners in Illinois; and withdrawal of life-sustaining treatment from terminally ill patients. Candidates were also asked to name those health care issues they considered to be the most critical.

A comparative summary of the candidates' responses begins on Page 8 of this issue. ▲

Is industry-supported CME education or promotion?

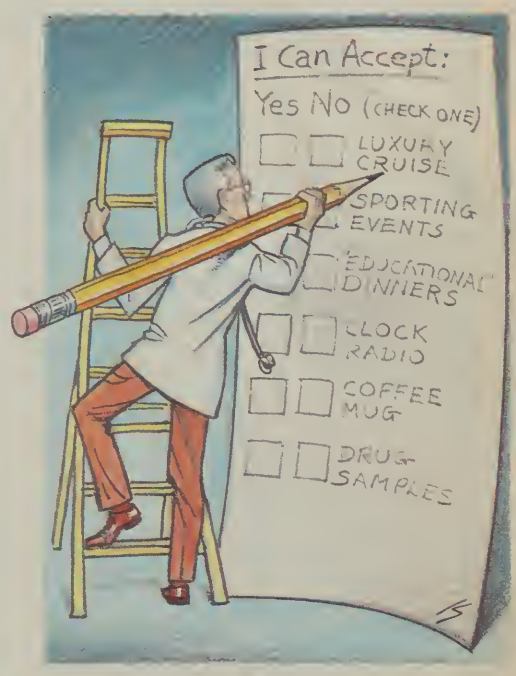
by Karen Sandrick

MEDICINE HAS SEEN growing concern over the use of continuing medical education (CME) programs to promote pharmaceutical products. As a result, physicians and drug companies alike are reviewing current and past practices.

Partially in response to a possible congressional investigation, the American Medical Association (AMA) recently announced that a committee composed of major U.S. medical and pharmaceutical groups would draft a set of unified guidelines for industry-supported CME programs.

In Illinois, the issue surfaced in April at the 1990 Illinois State Medical Society (ISMS) House of Delgates annual meeting. A resolution asking the ISMS and AMA "to adopt ethical guidelines that would restrict

(continued on page 11)



Ken Simpson

In this issue

Children's Memorial expansion plan approved 2

Dr. Lumpkin steers course for public health 2

Physician urges political involvement 4

Great moments in Illinois medicine 5

Case in point looks at disc procedures 6

NATIONAL LIB OF MED
IS-INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20014

Hospital, community agree on expansion

Children's Memorial eyes new research facilities

by Tamara Strom

CULMINATING YEAR-LONG negotiations with its neighbors, Children's Memorial Medical Center on Sept. 11 announced a significant expansion plan. Officials said the program puts the hospital on a path toward becoming a national center for pediatric research.

Representatives of Lincoln Park community groups joined hospital officials and Chicago Mayor Richard M. Daley for the announcement. Area residents had previously voiced concerns that hospital expansion would detract from the character of the upscale neighborhood on Chicago's near north side.

"The community was interested in having the [hospital's] growth take place, but they wanted the growth to be vertical, not horizontal," said Walter Crowley, chairman of the Lincoln Park community negotiating team. "They didn't want homes to be torn down. They didn't feel it was necessary for the lifestyle or quality of life in that community to change in order to accommodate the growth of the hospital."

The resulting contractual agreement, hammered out by negotiating teams from Children's Memorial and six neighborhood groups, protects the rights of the medical center in meeting its expansion and modernization needs while setting guidelines for keeping the neighborhood's architectural charm intact. A key element of the agreement, Crowley said, is the hospital's concession not to acquire any residentially zoned property for the 20-year term of the contract.

"Our community wholeheartedly supports Children's Hospital's new health initiatives," said Elizabeth Fromm, president of the Lincoln Park Conservation Association. "We, like everyone else, look forward to their future breakthroughs in the delivery of health care to children."

Hospital President Earl Frederick said the modernization plans "will establish Children's Memorial as a leading center in the United States for scientific research and discovery in pediatrics."

The $75-million expansion will add 180,594 square feet of floor space in the form of new buildings and significant renovation to existing structures. Slated new buildings and additions include a research facility, offices for hospital staff and researchers, a new bed tower, new surgical wings and diagnostic service areas, and expanded parking facilities to help ease an already congested area.



Designers of the Children's Memorial Hospital expansion plan (see model above) wanted the new buildings to complement the architecural character of nearby structures.

Designed to complement the architectural character of nearby structures, many of the new medical center buildings will feature red brick construction with detailing to resemble local homes and businesses. The hospital's Kroc Building on Orchard Street, which houses diagnostic, treatment and outpatient facilities, will be fitted with a three-story addition and a pedestrian walkway, creating an outdoor mall between the building and the homes and a church across the street. The entire medical center campus will be landscaped with brick planters, trees, shrubs, park benches and old-fashioned lamp posts. Ground-

(continued on page 14)

Corrections and clarifications

In a letter to the editor published in the Aug. 17 issue of *Illinois Medicine*, the Health and Medicine Policy Research Group (HMPRG) was incorrectly identified as an agency of the Chicago and Cook County health care summit. While Quentin Young, M.D., HMPRG president, did testify at summit hearings, the HMPRG is an independent research organization not affiliated with the summit.

Physician Facts

Top 15 U.S. hospitals*

Ranked by number of operating beds

Name	Total operating beds	Census**	Occupancy (percent)
1 Baptist Memorial, *Memphis, Tenn.*	1,505	1,116	74.2
2 LAC-Univ. of So. California Med. Ctr., *Los Angeles*	1,454	1,219	83.8
3 St. Luke's-Roosevelt Hosp. Ctr., *New York City*	1,354	1,181	87.2
4 Society of the New York Hosp., *New York City*	1,319	1,200	91.0
5 Presbyterian Hosp. in the City of New York	1,291	1,125	87.1
6 Catholic Med. Ctr. of Brooklyn and Queens, Inc., *Jamaica, NY*	1,257	1,106	88.0
7 Kings County Hosp. Ctr., *Brooklyn, NY*	1,234	1,045	84.7
8 Montefiore Med. Ctr., *New York City*	1,214	1,098	90.4
9 James M. Jackson Mem. Hosp., *Miami*	1,213	1,110	91.5
10 Bellevue Hosp. Ctr., *New York City*	1,181	1,105	93.6
11 The Methodist Hosp., *Houston*	1,178	827	70.2
12 Methodist Hospitals of Memphis	1,079	858	79.5
13 Rush-Presbyterian-St. Luke's Med. Ctr., *Chicago*	1,072	760	70.9
14 Baylor Univ. Med. Ctr., *Dallas*	1,067	756	70.9
15 Mt. Sinai Med. Ctr., *New York City*	1,065	946	88.8
*Cook County Hosp., *Chicago*, is number 21	1,001	643	64.2

**Census = Average number of inpatients per day during 12-month reporting period
Study includes non-federal community general hospitals

Source of data: *American Hospital Association Guide, 1989*; *Healthweek*, July 30, 1990

Dr. Lumpkin steers course for public health in Illinois

by Sean McMahan

JOHN LUMPKIN, M.D., acting director of the Illinois Department of Public Health (IDPH), told *Illinois Medicine* he plans to continue the department's commitment to improving health conditions in rural and minority communities. He will also push for a closer integration of state and local health departments in providing comprehensive health services to Illinois residents through the Public Health Improvement Project. Gov. James R. Thompson appointed Dr. Lumpkin Aug. 27 to succeed Bernard Turnock, M.D.

"Even though I'm only appointed to be [acting director] under the Thompson administration," Dr. Lumpkin said, "I think there are a number of projects that will need to be brought to a conclusion and to facilitate the transition process of the new administration."

James H. Andersen, M.D., president of the Illinois State Medical Society (ISMS), welcomed Dr. Lumpkin's appointment. "His track record with the department has been impressive, and he really understands the views of the private physician," he said.

"At his request, Dr. Lumpkin was the first state official to serve on the ISMS Council on Medical Services," Dr. Andersen added. "He has worked closely with ISMS and other associations on such crucial issues as the Clinical Lab Act, ambulatory surgical treatment centers and hospital licensing."



Sandy Adams/The Photo Partners

John Lumpkin, M.D., acting IDPH director, says many health care issues will remain unresolved until next year.

Predicts slow movement on some issues

Dr. Lumpkin said the outcome of several health care items, such as

(continued on page 14)

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

On the Legislative Scene



In a flurry of early September bill-signing activity, Gov. James R. Thompson gave his approval to immunity for physicians providing care in free clinics, and took action on a host of other health care initiatives.

As of Sept. 19, however, Thompson had not acted on the controversial H.B. 3149, which would add clinical social workers to psychiatrists and clinical psychologists as providers of mental health treatment to whom insurers can provide direct reimbursement. The bill was opposed by the Illinois State Medical Society (ISMS), the Illinois Psychiatric Society and several other organizations. Unless Thompson signed or vetoed the bill by Sept. 22, it would become law.

Thompson's signing of S.B. 1736 permits Illinois physicians to treat patients without charge in free medical clinics without the threat of a malpractice suit. A free medical clinic is defined as "an organized community-based program providing, without charge, medical care to individuals unable to pay for their care."

The bill immunizes physicians providing such care except in cases of "willful and wanton misconduct." It also protects patients by limiting procedures that can be performed. Not permitted are procedures that must be performed in a hospital or ambulatory surgical treatment center, or that require general anesthesia or an overnight hospital stay.

ISMS President James H. Andersen, M.D., welcomed the governor's action, saying that, "Now Illinois physicians have clear and comprehensive protection when they give their time to the medically indigent." Dr. Andersen renewed his call for physicians throughout the state to seek out such opportunities in their own communities.

Infant blood typing ... Thompson also signed H.B. 3694, which deleted the section of the Illinois Vital Records Act requiring an infant's blood type to be listed on his or her birth certificate. In 1989, the ISMS Board of Trustees approved a report from the ISMS Governmental Affairs Council to seek repeal of the amendment. ISMS argued that a newborn infant's blood type may change because of physiological changes that occur during the latter stages of pregnancy and first six months after birth. State officials had wanted blood types listed on birth certificates to facilitate identification of children who had been kidnapped or abused.

Clinical Lab Act ... An amendment to H.B. 3694 that amends the Clinical Lab Act to add strep tests to the list of tests qualifying for the registration class also received the governor's endorsement. In addition, physician office labs that qualify for the registration class are now exempted from submitting a registration application to the Illinois Department of Public Health. In April, the ISMS House of Delegates called for such legislation.

Spousal notification of HIV-positive test ... Physicians are now permitted to notify a patient's spouse of his or her partner's HIV-positive test results if they are unable to persuade the patient to do so. Included in the law is an ISMS-sponsored provision stating that physicians are under no obligation to do so. Additionally, the law grants physicians immunity from civil liability or criminal prosecution when acting in good faith to notify the spouse and when there is no disclosure.

Radiation Protection Act of 1990 ... Thompson's signature to H.B. 3506 replaces the sunsetted Radiation Protection Act to include new accreditation standards for personnel in physicians' offices. The new law permits employees to take limited diagnostic x-rays. The Illinois Department of Nuclear Safety will develop rules defining education, training and examination standards for employees not currently accredited. Nurses, technicians and other assistants who were accredited and administered x-rays for at least 24 months prior to July 1, 1989, continue to be accredited and need not undergo additional training or examination.

Small business employee insurance programs ... The governor also signed a bill establishing a program for employers of 25 or fewer people to obtain affordable health insurance. The law only applies to firms that have not had an insurance program in the past 12 months and includes a non-discrimination provision. The law relieves small employers from including a host of state-mandated benefits in their policies, theoretically making their coverage more affordable. ▲

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

MEDICARE NOTES

CARRIER RELEASE OF UPINs

Implementation of the requirement to identify the referring or ordering physician by name and individual number on the HCFA-1500 form, field 19, is scheduled for November 1990. Consideration is being given to the use of the Unique Physician Identification Number (UPIN) for this purpose. An alternative is to give carriers the option of continuing use of the carrier-assigned individual provider number or the PIN number for this purpose. The carrier will notify physicians and suppliers when that decision is reached.

Physicians and suppliers are encouraged to obtain UPINs as needed directly from the referring or ordering physicians. Identification of the referring or ordering physician is necessary on claims for consultation or treatment if the patient was referred by a physician and on claims for all therapies (speech, physical, or occupational), psychological testing, diagnostic tests, radiology and pathology services, prostethtic devices, and durable medical equipment ordered by a physician.

Carriers may release UPINs upon receipt of a written request identifying the specific physician(s) whose UPINs are requested. At this time, carriers may not release UPINs in a directory or based on a request that does not specifically list the physician whose number is requested. The UPIN request should be made in writing with the physician's full name and address to:

Blue Cross and Blue Shield of Illinois
Medicare B Freedom of Information Unit
P.O. Box 992
Marion, IL 62959

PRESCRIPTION REQUIREMENTS FOR DME OR PROSTHETIC SUPPLIES

If replacement supplies will be needed for the therapeutic use of purchased durable medical equipment (DME) or prosthetic devices, the prescribing physician must specify on the prescription, or on the equipment or device certification form, the type of supplies needed and the frequency with which they must be replaced, used, or otherwise consumed. The carrier cannot accept "PRN" or "as needed" utilization estimates for supply replacement, use, or consumption.

In the absence of a state law to the contrary or a supply utilization problem, the prescription or physician's certification submitted for the DME or prosthetic device may also serve as medical evidence for supply replacement claims. When a prescription for DME or a prosthetic device is renewed or revised, the supply utilization information must be specified or updated by the physician on the equipment or device recertification form.

Updated medical information should be submitted if the patient's condition materially changes the equipment, device, or supply utilization requirements. Bills will not be allowed for unexplained increases in supply utilization above the usage level previously determined to be medically necessary.

PROVIDER PRACTICE UPDATES

Any physician, other practitioner, or supplier with a Medicare Part B provider number must inform the carrier of changes in practice. If the provider moves or changes telephone numbers, the carrier should be notified promptly, preferably in advance. Notification can be critical for correct claims processing and payment and for accurate listings in the annual directory of Medicare participating physicians and suppliers. Also, the carrier should be informed whenever a physician joins or leaves a group practice. This requirement applies to member changes in CRNA groups.

The address for furnishing an update to the provider file is:

Blue Cross and Blue Shield of Illinois
Medicare B — Provider Certification Unit
P.O. Box 994
Marion, IL 62959

DRUG INJECTIONS AT THE HOSPITAL

Medicare Part "B" cannot reimburse a separate charge by a physician for injecting a drug in a hospital inpatient or outpatient setting. This policy applies to the injection of drugs represented in the "J" series of HCPCS codes in addition to codes in the following ranges Q9920-Q9940, W0604-W0939, and 90701-90749. If the physician personally performs the injection, the service charge should be included in the physician's overall charge for the inpatient or outpatient medical service. If the hospital staff performs the injection, the physician cannot charge for the service. Charges for hospital staff services and for drugs administered in hospitals are billed to the fiscal intermediary, Medicare Part "A".

An exception to this policy occurs with chemotherapy administration by a physician. Medicare B does make separate reimbursement for chemotherapy administration by a physician in a hospital setting. Charges for the chemotherapy drugs are billed by the hospital to the fiscal intermediary.

(This report is a service to the physicians of Illinois)
9/28/90

Editorials

Hassle me, hassle you

The dictionary says a paper tiger is one that appears powerful, even dangerous, but which, in reality, is weak. As of Sept. 1, physicians in Illinois face not a paper tiger but a paper monkey on their backs, compliments of a new requirement that physicians must complete their patients' Medicare claims.

In reality, this new role for doctors' offices is not as overwhelming as it appears on first glance. About 70 percent of Illinois' doctors accept Medicare assignment and have been completing the forms as a condition of that status. Another 20 percent have been providing that service as a courtesy to their patients. That leaves only 10 percent of physicians' offices where this new requirement will actually affect the day-to-day operations of the practice.

But while the impact on Illinois physicians may not be extensive, and while the idea of providing supportive services to patients is a good one, we take exception to the stereotyping inherent in this regulation.

The idea, according to the great minds behind it, is that senior citizens are not able to complete Medicare claim forms easily. Some cannot see well; some are arthritic; some are prone to confusion and forgetfulness. Others lack family or friends to complete the forms for them, should they be too ill or frail, somehow, to do so themselves.

Some patients undoubtedly do require – and appreciate – this support. Our guess, however, is that they have already been receiving this assistance, from family, friends or their physicians. The problem lies with the idea some people have that the terms "old" and "infirm" mean the same thing. The concept of the frail elderly hardly represents a universal truth; it ignores the fact that thousands of seniors play tennis, run for public office, work at a variety of jobs and volunteer activities, and in general lead full and active lives.

Our sense is that the problem of non-completed forms, claims not filed and problems with payment lies not so much with the ability of the seniors as with the forms themselves. Like any brainchild of a bureaucracy, they are filled with jargon, unintelligible initials and instructions cleverly situated so as to be hard to find and harder to decipher. One doctor reports a patient, a retired attorney with full control of his faculties, who finally gave up in frustration and hired someone to fill out the forms for him.

No matter. Even if your senior patient designs double crostic puzzles for a living, has 20-20 vision and leads six aerobics classes at the community center every Thursday, your office *must* complete that patient's Medicare form. The insert you will find between pages 12 and 13 of this issue of *Illinois Medicine* will enlighten you as to this process, if it is new to your office. Remember: you must not only complete the form, you must also mail it. Therefore, do not forget the stamp, unless you want to hassle with the Post Office, as well.

To the many physicians' offices that already provide this service for their patients, we say, "Good for you!" And to the many senior citizens who will resent the implication that they are too infirm, physically or mentally, to complete the forms, we say, "Right on!" And to those offices that began filling out forms Sept. 1, all we can say is "Welcome to Wonderland."

In the "sad but true" category, we heard of one physician who wrote all his Medicare patients that he would no longer be able to provide their care, given the new and onerous paperwork requirements now attendant to Medicare. This, we feel, is not the way to address the hassle factor.

The only thing harder than getting something *done* in Washington is getting it *un*done. But the American Medical Association, in response to a resolution from the Illinois State Medical Society and others, has introduced an item calling for the repeal of mandatory claim completion as part of its anti-hassle legislative package. In the meantime, read the helpful insert, and pass it on to your office's newest specialist, your PMCFR – Person with Medicare Claim Form Responsibility. ▲

Illinois Medicine

VOLUME 2, NUMBER 20 **SEPTEMBER 28, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



"You're not discharging me, . . . I'm going on injured reserve!"

Guest Editorial

Why get involved?



by Raymond E. Hoffmann, M.D.

My candidate is the best choice for U.S. Senator from Illinois: honest, forthright, intelligent and hard working. My candidate listens and has taken time to form a health advisory committee in our area where the physicians and others in the health care professions can work with her. My candidate is interested in teen health, prenatal care availability in all geographical areas and across socioeconomic levels, and in breast cancer detection. I've watched my candidate in politics for 10 years and I believe my candidate's congressional and state legislative service record demonstrates concern for patients and physicians. I think my candidate's ideas on the issues of today are much more reasonable and in tune with the citizens and physicians of Illinois than those of her opponent.

But how can I make sure my candidate gets elected? I have to become "we." How can we make sure she gets elected?

More and more our profession is scrutinized and affected by legislation. Government involvement in our office laboratories, our fees and even our professional decision-making has been very difficult for us. Nevertheless, one issue that demonstrated how we can have a positive effect is the tort reform legislation that changed the malpractice climate. Therefore, I (we) want legislators that understand me (us) and will be sympathetic to my (our) side of issues. Each race has candidates who must be compared issue by issue. When this comparison is done, I (we) must act.

As physicians we have many demands on our time. One of those demands is to leave our profession in better shape than it was when we came. Getting involved means more time away from our professions. I realized years ago, during the professional liability initiative of 1985, that grassroots efforts do pay off. The time I spent then in delivering our message to members, civic organizations and editorial boards helped in a small way to change the world I practice medicine in. I want to catch another issue or candidate that can do the same thing. How much better can this time be spent?

There are many things you can do to help a candidate, from voting to actually running the campaign. In other elections I found myself doing things I never thought I would: I have walked precincts knocking on doors to promote candidates; I have stuffed envelopes; I have even asked for money. (All this from someone who spent 26 years getting an education so he wouldn't have to walk the streets, do piece work or beg for money.) This year I took on the task of forming a coalition of physicians for my candidate. This is a first for me. Calling people to ask for help has always been hard for me. Organizing this had to be squeezed into busy operating schedules, office appointments and family time. It has required time and effort to get usually busy physicians to commit their time and effort. I found it easier to commit myself than to convince others.

Many of you have been contacted to join this coalition. Many others will be contacted. Others may want to join by contacting me through the Illinois State Medical Society (ISMS). I can only thank all who have been involved.

Why do I want to do this? It is fun to have candidates know you personally. It is helpful to have a candidate who will listen to your concerns. It is gratifying to have them turn to you for information.

On a larger scale it is vital that I (we) get involved. We are a country of the people and *doctors are people too.* Without a voice we will only be more overwhelmed with legislation and regulation. With involvement we can have a voice.

My gratification is therefore to return to the profession of medicine some time and energy, some payment for the things it has given me. I want legislation concerning medicine voted on by a legislator who listens and understands us. I want to be represented by my candidate, the best candidate for the job. I want this bad enough to spend my time as an investment for the future of medicine. ▲

Editor's note: Dr. Hoffmann, vice speaker of the ISMS House of Delegates, is chairman of Coalition of Physicians for Lynn Martin. He is a general surgeon from Rockford.

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

Medicine leaves the "dark ages"

FOR MOST OF the 19th century, anyone who wanted to practice medicine in Illinois simply had to hang out his shingle. In 1877, half of the 7,400 doctors in the state were non-graduates, and 490 were using fraudulent credentials, wrote Tom Kirkwood, M.D., in *History of Medical Practice in Illinois, Volume II.* Some were practicing under assumed names.

1 5 0

That year, however, the practice of medicine was revolutionized by three momentous events: The Illinois Department of Public Health was established. The first workable law regulating the practice of medicine was enacted. And, most important, the first lectures on bacteriology were given at the State University at Urbana, laying the foundation for modern medical and surgical practice.

Before 1877, little was known about the bacterial causes of disease, and physicians differed radically in their ideas and practices. In 1882, when Romain J. Curtis, M.D., chairman of hygiene at the College of Physicians and Surgeons in Chicago, taught "the germ theory," he was nearly asked to resign. Several more years passed before the rest of the faculty accepted his ideas. The science was named bacteriology in 1884.

The medical profession had been divided into factions. There were the adherents of Homeopathy, who believed in administering minute quantities of drugs; the Regulars, who believed in large doses of calomel and jalap, as well as bleeding, leeching, cupping and other measures; the Botanics, who used only drugs derived from plants; and the Physio-Medicals, an offshoot of the Botanics with a strong penchant for sweat baths. There were 17 other systems with various philosophies.

Surgeons and ophthalmologists were the only specialists of any standing before 1885, and these physicians almost always carried on a general practice along with their specialties. A physician was expected to treat anything, at any time, with whatever equipment was on hand.

Along with the advent of bacteriology, several other events contributed to a new era of medicine in Illinois. Among the most significant were the use of surgery for appendicitis (formerly considered "locked bowels" and often treated with quicksilver) and the invention of rubber gloves (which helped quell puerperal fever epidemics).

"The practice of medicine in the past has been a chapter of horrors," wrote one physician of the period, "which the truer civilization of the present will not tolerate." ▲

Professional Use Information

CARAFATE®
(sucralfate) 1gm Tablets

BRIEF SUMMARY

CONTRAINDICATIONS
There are no known contraindications to the use of sucralfate.

PRECAUTIONS
Duodenal ulcer is a chronic, recurrent disease. While short-term treatment with sucralfate can result in complete healing of the ulcer, a successful course of treatment with sucralfate should not be expected to alter the post-healing frequency or severity of duodenal ulceration.

Special Populations: Chronic Renal Failure and Dialysis Patients: When sucralfate is administered orally, small amounts of aluminum are absorbed from the gastrointestinal tract. Concomitant use of sucralfate with other products that contain aluminum, such as aluminum-containing antacids, may increase the total body burden of aluminum. Patients with normal renal function receiving the recommended doses of sucralfate and aluminum-containing products adequately excrete aluminum in the urine. Patients with chronic renal failure or those receiving dialysis have impaired excretion of absorbed aluminum. In addition, aluminum does not cross dialysis membranes because it is bound to albumin and transferrin plasma proteins. Aluminum accumulation and toxicity (aluminum osteodystrophy, osteomalacia, encephalopathy) have been described in patients with renal impairment. Sucralfate should be used with caution in patients with chronic renal failure.

Drug Interactions: Some studies have shown that simultaneous sucralfate administration in healthy volunteers reduced the extent of absorption (bioavailability) of single doses of the following drugs: cimetidine, ciprofloxacin, digoxin, norfloxacin, phenytoin, ranitidine, tetracycline and theophylline. The mechanism of these interactions appears to be nonsystemic in nature, presumably resulting from sucralfate binding to the concomitant agent in the gastrointestinal tract. In all cases studied to date (cimetidine, ciprofloxacin, digoxin, and ranitidine), dosing the concomitant medication 2 hours before sucralfate eliminated the interaction. Because of the potential of CARAFATE to alter the absorption of some drugs, CARAFATE should be administered separately from other drugs when alterations in bioavailability are felt to be critical. In these cases, patients should be monitored appropriately.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Chronic oral toxicity studies of 24 months' duration were conducted in mice and rats at doses up to 1 gm/kg (12 times the human dose). There was no evidence of drug-related tumorigenicity. A reproduction study in rats at doses up to 38 times the human dose did not reveal any indication of fertility impairment. Mutagenicity studies were not conducted.

Pregnancy: Teratogenic effects. Pregnancy Category B. Teratogenicity studies have been performed in mice, rats, and rabbits at doses up to 50 times the human dose and have revealed no evidence of harm to the fetus due to sucralfate. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when sucralfate is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Adverse reactions to sucralfate in clinical trials were minor and only rarely led to discontinuation of the drug. In studies involving over 2700 patients treated with sucralfate tablets, adverse effects were reported in 129 (4.7%).

Constipation was the most frequent complaint (2%). Other adverse effects reported in less than 0.5% of the patients are listed below by body system:

Gastrointestinal:	diarrhea, nausea, vomiting, gastric discomfort, indigestion, flatulence, dry mouth
Dermatological:	pruritus, rash
Nervous system:	dizziness, sleepiness, vertigo
Other:	back pain, headache

Issued 4/90

Axid® (nizatidine capsules) is a trademark of Eli Lilly and Company. Pepcid® (Famotidine, MSD) is a trademark of Merck Sharp & Dohme. Tagamet® (cimetidine) is a trademark of Smith Kline Beecham. Zantac® (ranitidine hydrochloride) is a trademark of Glaxo Pharmaceuticals. Site Protective is a trademark of Marion Merrell Dow Inc. © 1990, Marion Merrell Dow Inc. All rights reserved.

For maintenance, prescribe



MARION MERRELL DOW INC.

© 1990, Marion Merrell Dow Inc. All rights reserved.

CAFAC098 0259E0

THE H_2S



THE UN-H_2



The UN-H_2 is the *only* duodenal ulcer therapy that accelerates healing directly at the ulcer site through an exclusive, *Site Protective*™ action.

The benefits: ***unsurpassed efficacy – nonsystemic safety –*** plus ***no known contraindications.***

When you treat duodenal ulcers, prescribe the UN-H_2: Site Protective™ CARAFATE® (sucralfate).

NEW! Maintenance Therapy 1 gm BID

Unique, nonsystemic

CARAFATE®
sucralfate

Targets the ulcer, not the acid

CAFAC098

Please see brief summary of prescribing information on adjacent page.

0259E0

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin
President, Medit Associates

If these had been your patients, how would you have handled these cases?

Case #1

Presenting complaint and initial diagnosis – A 33-year-old woman consulted an orthopedic surgeon complaining of back pain radiating down her left leg. Conservative treatment proved unsuccessful and a year later, after a CT scan confirmed presence of a herniated disc, a laminectomy was performed. The patient continued to experience severe pain following surgery.

The case in brief – In his initial patient evaluation, the surgeon detected only a narrowing of the lumbosacral disc space. He recommended conservative treatment measures over 12 months, including bed rest, hot soaks, mild painkillers, muscle relaxants, use of a corset, and finally, several days of traction. The woman's pain increased. After a CT scan revealed herniation of the disc at L5-S1, the patient consented to a laminectomy. The physician, certain of the need for the procedure, did not order a preoperative myelogram. When the surgery was performed and degenerative disc material removed, the surgeon noted in the chart that the material was more centrally than laterally located. In the ensuing months, the woman continued to have pain and numbness in her back and left leg. Ten months elapsed before new x-rays revealed a degenerative disc with bulging and herniation at L5-S1. The surgeon concluded that the original procedure thought to have been done at L5-S1 had been performed at L4-L5. Consultation with a neurologist and further tests confirmed this conclusion. The surgeon informed the patient of the situation. She decided to let the original surgeon perform a second operation. This time, degenerative disc material was removed from L5-S1.

The resulting claim – The woman sued the surgeon for negligence. She also sought damages for residual disabilities from two surgeries that left her partially disabled and for pain and suffering.

The outcome of the claim – The surgeon contended that an anomaly in the patient's spine led him to operate at the wrong space. He added that he did not detect the mistake immediately because sometimes patients do not experience significant improvement after back surgery because of operative irritation, edema or hematoma. His failure to perform a preoperative myelogram before the initial surgery, or to assure that he was operating at the right level during surgery, made the case difficult to defend. A $75,000 settlement was negotiated.

Case #2

Presenting complaint and initial diagnosis – A 45-year-old man consulted an orthopedic surgeon for severe back pain and leg numbness. Evaluation indicated a degenerative disc at L4-5, with a mild protrusion at L-3. A decompressive laminectomy was performed, but the patient's pain continued.

The case in brief – The treating surgeon pinpointed the location of a bulging degenerated disc and suggested an appropriate procedure. Little or no improvement occurred, however, and the patient's problems persisted. He continued to see the surgeon, who prescribed continued conservative treatment without success. Four years elapsed before the surgeon ordered more x-rays that revealed that he had operated at L2-3 instead of L4-5. He did not advise the patient.

The resulting claim – The patient eventually consulted another orthopedic surgeon who diagnosed a her-

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

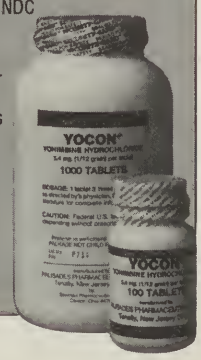
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

News from Medicaid

Medicaid Requires Delivery Privileges Starting October 15

Providing continuity of care to Illinois' pregnant women can help reduce the state's infant mortality rate. In its on-going effort to ensure that Medicaid clients receive quality care, the Illinois Department of Public Aid has filed a new administrative rule. Effective October 15, 1990, the rule requires that physicians providing prenatal services have hospital delivery privileges or an agreement with another physician who has these privileges.

A provider notice has been mailed to Illinois physicians that includes a form to notify Public Aid at which hospitals the physician has delivery privileges. For those doctors without privileges, the provider notice also contains an agreement that can be used between physicians to ensure that delivery privileges are arranged.

To receive continued payment, each physician must provide proof that delivery privileges or linkages to delivery privileges are available to their patients.

Department of Public Aid staff is happy to help develop linkages between physicians and hospitals and provide any technical assistance needed.

Physicians who have no delivery privileges or agreement for privileges may continue to be reimbursed for any medical services not directly related to the pregnancy.

The Department is taking these steps to prevent Medicaid clients from having to be admitted for deliveries without medical records or any arrangements with their doctor for delivery of the baby. Many of these women are high-risk mothers who may need special treatment during delivery.

The Department of Public Aid has worked in partnership with the Illinois State Medical Society and the Illinois Department of Public Health to develop this policy and will continue to work with Illinois physicians to provide continuity of care to Illinois mothers who receive Medicaid.

For more information, physicians may contact the Bureau of Comprehensive Health Services at (217) 782-5565.

Illinois Department of Public Aid

Working with Doctors to Provide a Continuum of Quality Health Care

niated disc at L4-5. When the patient learned his surgery had been improperly performed, he filed suit seeking $250,000 in damages. His claim alleged that unnecessary surgery had been performed, that the original surgeon had operated at the wrong place and that, as a result, he had suffered unnecessary disability, lost wages, and pain and suffering. The patient also alleged the suppression of material facts.

The outcome of the claim – The surgeon contended that the surgery had been performed properly and that the patient's continuing pain resulted from problems that developed later. On review of x-rays, the bulging herniated disc was clearly seen at L4-5 before and after surgery. That the surgeon did not tell the patient of the error when it was discovered weighed heavily against his defense. A $165,000 settlement was reached.

The points these cases make – If lumbar disc surgery is performed at the wrong level, it can be strongly argued that it was unnecessary surgery. If a patient consents to a laminectomy at one level and instead the surgeon operates at another space, this can be construed as assault and battery. "...Most courts allow these cases to be tried as negligence actions," wrote Angela Roddey Holder in *Medical Malpractice Law.* "Once the facts are proved, negligence is automatic and the only question to be determined is the amount of damages to be awarded."

Illinois State Medical Inter-Insurance Exchange advisers say that performing a laminectomy at the wrong level constitutes a significant departure from accepted orthopedic practice; removing the incorrect intervertebral disc, which may have no pathology, compounds such an error. They offer these suggestions to avert such misadventures:

- Perform the necessary tests to confirm the existence of the pathologic disc and its specific level before surgery.
- Use interoperative x-ray, with appropriate marker, to confirm the level at which surgery is performed. Compare these x-rays to the preoperative films to assure that surgery is performed at the desired level.
- Be alert for spinal anomalies, which can confuse identification of the intervertebral disc level.
- Keep careful pre- and post-surgical records explaining why the procedure was planned and performed.
- If a misadventure occurs, inform the patient and quickly move to rectify the situation. Concealing the error only aggravates the situation.

The L4-5 and the L5-S1 discs constitute more than 90 percent of the disc procedures performed. Indications for surgery at other levels should be carefully documented to prevent removal of normal discs, and wrong-level procedures. ▲

Her anxiolytic is working—but she's alert, functioning, and at no risk of a benzodiazepine withdrawal syndrome when therapy ends.



That's

Efficacy!

BuSpar relieves anxiety and returns your patient to normal activity

...with no more sedation (10%) than induced by placebo (9%)[1]
...without inducing significant cognitive[2] or functional impairment*
...without producing a benzodiazepine withdrawal syndrome[3] upon discontinuation

Effective choice for anxiety

BuSpar®
Tablets, 5 mg and 10 mg
(buspirone HCl)



for a different kind of calm

*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

© 1988, Bristol-Myers Company, Evansville, Indiana 47721, U.S.A. MJL8-4237R2

BuSpar® (buspirone HCl)

References: 1. Newton RE, *et al:* A review of the side effect profile of buspirone. *Am J Med* 1986;80(3B):17-21. 2. Luckhi, *et al* Differential effects of the anxiolytic drugs diazepam and buspirone, on memory function. *Br J Clin Pharmacol* 1987;23 207-211 3. Lader M Assessing the potential for buspirone dependence or abuse and effects of its withdrawal. *Am J Med* 1987;82(5A) 20-26

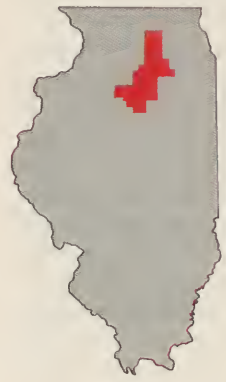
Contraindications: Hypersensitivity to buspirone hydrochloride.
Warnings: The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment.
Precautions: ***General***—*Interference with cognitive and motor performance:* Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol.
Potential for withdrawal reactions in sedative/hypnotic/anxiolytic drug dependent patients: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdraw patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures.
Possible concerns related to buspirone's binding to dopamine receptors: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (eg, dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported; the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (ie, represent akathisia).
Information for Patients—Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding; and not to drive a car or operate potentially dangerous machinery until they experience how this medication affects them.
Drug Interactions—Concomitant use with other CNS active drugs should be approached with caution (see **Warnings**). Concomitant use with trazodone may have caused 3- to 6-fold elevations on SGPT (ALT) in a few patients. Concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations in normal volunteers. The clinical significance is not clear. Buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins, but may displace less tirmly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin, phenytoin, phenobarbital, digoxin, and Synthroid.
Carcinogenesis, Mutagenesis, Impairment of Fertility—No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur.
Pregnancy: Teratogenic Effects—Pregnancy Category B: Should be used during pregnancy only if clearly needed.
Nursing Mothers—Administration to nursing women should be avoided if clinically possible.
Pediatric Use—The safety and effectiveness have not been determined in individuals below 18 years of age.
Use in the Elderly—No unusual, adverse, age-related phenomena have been identified in elderly patients receiving a total, modal daily dose of 15 mg.
Use in Patients with Impaired Hepatic or Renal Function—Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment.
Adverse Reactions (See also Precautions): ***Commonly Observed***—The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients, include dizziness, nausea, headache, nervousness, lightheadedness, and excitement.
Associated with Discontinuation of Treatment—The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling; gastrointestinal disturbances (1.2%), primarily nausea; miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary.
Incidence in Controlled Clinical Trials—Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: *Cardiovascular:* Tachycardia/palpitations 1%. *CNS:* Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%. *EENT:* Blurred vision 2%. *Gastrointestinal:* Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%. *Musculoskeletal:* Musculoskeletal aches/pains 1%. *Neurological:* Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%. *Skin:* Skin rash 1%. *Miscellaneous:* Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%.
Other Events Observed During the Entire Premarketing Evaluation—The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses of the drug under well-controlled, open, and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. *Cardiovascular*—frequent: nonspecific chest pain; infrequent: syncope, hypotension, hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. *Central Nervous System*—frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, tearfulness, loss of interest, dissociative reaction, hallucinations, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. *EENT*—frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. *Endocrine*—rare: galactorrhea, thyroid abnormality. *Gastrointestinal*—infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. *Genitourinary*—infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. *Musculoskeletal*—infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias. *Neurological*—infrequent: involuntary movements, slowed reaction time; rare: muscle weakness. *Respiratory*—infrequent: hyperventilation, shortness of breath, chest congestion; rare: epistaxis. *Sexual Function*—infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. *Skin*—infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. *Clinical Laboratory*—infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. *Miscellaneous*—infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, hiccoughs.
Postintroduction Clinical Experience—Rare occurrences of allergic reactions, cogwheel rigidity, dystonic reactions, ecchymosis, emotional lability, tunnel vision, and urinary retention have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar has not been determined.
Drug Abuse and Dependence: ***Controlled Substance Class***—Not a controlled substance.
Physical and Psychological Dependence—Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (eg, development of tolerance, incrementation of dose, drug-seeking behavior).
Overdosage: ***Signs and Symptoms***—At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. No deaths have been reported in humans either with deliberate or accidental overdosage.
Recommended Overdose Treatment—General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.
For complete details, see Prescribing Information or consult your Mead Johnson Pharmaceuticals Representative.
U.S. Patent Nos. 3,717,634 and 4,182,763

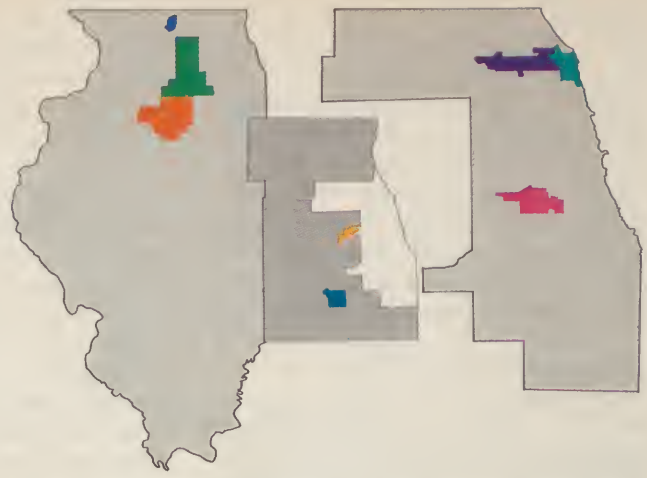
Mead Johnson PHARMACEUTICALS
A Bristol-Myers Company
Evansville, Indiana 47721

Illinois Medicine's analysis of eight House races and one Senate seat follows. Color bars above candidate responses correspond to the legislative district maps shown at right.

House Districts with Open Seats

Senate District 38
Open Seat





Maps above pinpoint locations of House districts with open seats. Center map is northeastern Illinois. Map at right is Cook County.



38th Senate District
Nancy Beasley – Republican

It's time for Americans "to accept that they can't sue their way to better health care," said Nancy Beasley. Instead, she said, she believes in common sense solutions to halt rising health costs in Illinois. "Rising costs are of grave concern to me," said Beasley, currently a legislative aide to State Rep. John Countryman.

A logical solution, Beasley said, is tort reform. "I would favor a cap on non-economic damages," she said. "We've gone way off the board in what the courts have allowed for awards," she said, noting that rising costs are "directly traceable to the high awards." She added that she would support a $250,000 cap similar to the one in place in Indiana.

If a terminally ill patient has made provisions in a living will "for how they would want their body treated, then their wishes should be respected," Beasley said. Without a living will in place, she said, the issue becomes more complicated, with no "blanket answer" for a person's right to deny life-sustaining medical procedures.

Beasley opposes independent practice privileges for most allied health practitioners. "We have to be careful in the medical field," the Sycamore resident said. "Doctors have to go through a lot of training to become licensed. If we lower our standards in health care, then what have we done to the overall quality of the health care we're providing?"



38th Senate District
Patrick Welch – Democrat

An eight-year veteran of the state Senate, Patrick Welch puts easing the shortage of health care in rural Illinois communities at the top of his health care agenda. Second is ensuring that Medicaid reimbursements are made in a reasonable cycle (he advocates a 30-day payment schedule) so hospitals and physicians "don't stop seeing Medicaid patients.

"We need to make sure enough money is budgeted for public aid," said the LaSalle County Democrat. "And we have to make sure it is not used as a method to balance the budget in the future." He added that the state must allocate more funding to rural hospitals "so doctors may be more willing to locate in these areas."

Welch balks at possible legislation that would set caps for malpractice awards. "I think changing the litigation standards to benefit one group or another would change the jury system. Other groups would follow and try to have the system changed for them," he said. "I don't think that's something we should tamper with."

Caps proposed in the past, he said, have been "too low to be reasonable in all circumstances." He admits some awards are too high and could be called unfair. These high awards, Welch added, do affect health care costs. "But those aren't happening in every case. For some cases a lid might be reasonable, but not all," he said.



4th House District
Joan Barr – Republican

Finding a way to provide coverage for Illinois residents without insurance would be one of Joan Barr's major goals in the legislature. Though she said she doesn't "pretend to have all the answers," she is sure universal health care is not the solution. "Universal health care hasn't worked in the places it's been tried," she said, and although the Canadian system "works to some degree," she said it is not a viable option for Illinois.

Instead, Barr, mayor of Evanston, said Illinois should concentrate on expanding insurance coverage to give the uninsured the coverage they need. "I hope we could devise a public/private way to help the people outside the system without scrapping what we have," she said.

Barr supports setting caps on pain and suffering awards in medical liability suits. She said caps would hold down insurance premiums for physicians, which in turn would lower costs for providing care. "This would be one step toward bringing down the big doctor and hospital bills so people would be better able to pay."

She said more emphasis must be placed on disease prevention and health promotion. "The theory is, you won't be as likely to have worse things happen if you take care of things early."

4th House District
Jan Schakowsky – Democrat

Jan Schakowsky is executive director of the Illinois State Council for Senior Citizens, an affiliate of the consumer lobbying group Illinois Public Action (IPA). IPA proposed the universal health care plan on which the controversial H.B. 3291, now in committee, is based.

Schakowsky declined numerous requests to be interviewed for this report.



40th House District
Dan Cronin – Republican

Health care costs are rising, Elmhurst resident Dan Cronin said, because Medicare and Medicaid do not adequately reimburse providers. "Delivery of health care services becomes more expensive because the public demands the very best, but the public is not always able to adequately pay for this high-quality care. Medicaid must be able to pick up some of the slack."

Cronin advocates reorganizing Illinois' spending objectives, recognizing health care is a priority. "The lack of available funds for health care is not a simple problem to solve by any means," the Republican said. "It requires some changes and each one of the parties [physicians, hospitals, government] must be diligent in changing."

Caps on non-economic damage awards in malpractice suits are not acceptable, Cronin said, because they are "unfair." He said he opposes caps in the same way he opposes limiting physicians' fees. "I don't believe there should be caps on how much someone can earn, how much a corporation earns or how much a doctor can charge," he said. "If a patient can prove damages that are beyond the cap – non-economic or otherwise – then that should be allowed, especially when there's a reviewing process by the appellate courts. More often than not, the reviewing court knocks down the original judgment if it's too high."

While he believes insurance companies try to build predictability into the market by pushing caps, Cronin believes caps would be counterproductive because each case has its "own concerns and traits that would require compensation accordingly." Nor does he support the concept of joint and several liability. "I don't believe in the deep-pocket theory," he continued, "But that's just consistent with not believing in caps."



40th House District
Truman Kirkpatrick – Democrat

A longtime resident of Lombard, Truman Kirkpatrick said Illinois needs a comprehensive plan to address long-term care. "We need a way to protect people in their declining years of life so they don't liquidate their savings on health care and are forced to live out their life in poverty," he said.

Kirkpatrick said a universal health care system similar to Canada's may work in Illinois, but he is concerned such a system could become overloaded. "What this might lead to is the rationing of health care, applying medical resources to the most needy," he said. "This is a downside to the system, but for it to work, there would have to be limits on some of the more exotic treatments, for older patients in particular."

He supports death with dignity. "A person should have the right to decide," he said. "If the brain is dead, I regard this as equivalent to death," he noted. "If the brain is already stopped, let the heart stop."

Kirkpatrick also favors caps on non-economic damage awards in medical malpractice cases. "I think the problems of medical malpractice are part of the fact that America has become more litigious," he said. "I would be in favor of limiting [the awards]."



48th House District
Wayne Straza – Republican

A 17-year veteran of the Chicago Police Department, Wayne Straza said he is active in planning health clinics throughout his community, the southwest side of Chicago, to provide needed services to elderly residents. He said his district's pressing need is general health care. About one-third of the district's registered voters are seniors who have extensive health needs.

Funding and education lead Straza's list of health-care priorities. "As much as we need additional dollars, we have to educate the public," he said. "People are too lax with their health, in that they don't go to a physician often enough to have minor possible problems checked out."

Straza said "outlandish" premiums and awards are solid reasons to implement caps. "Physicians should not have anxieties about certain medical or surgical procedures because of the fear of possible litigation," he said, adding, "Too many people are suit-conscious."

Straza said independent practice for most allied health professionals would be more acceptable if some physician supervision were built into the system. "There must be some limits on it," he said.



48th House District
James W. Phelan – Democrat

James W. Phelan lives and works in Chicago's Garfield Ridge community, where he is a field aide for U.S. Rep. William Lipinski.

He said his southwest side district surrounds Chicago's Midway Airport and is hard hit by gangs, drugs and rising property taxes. He describes his neighbors as "middle class, blue-collar workers who live in single-family homes."

Because most people in his district are insured, Phelan said he needs to study further the issue of providing health coverage for uninsured residents. But he is concerned about helping elderly residents, saying, "Seniors deserve what they have and the government shouldn't take it away." Part of this aid will come through an effort to lower medical costs, Phelan said.

Phelan agrees that patients have a right to death with dignity. "If a patient is terminally ill," he said, "that's their choice to make a decision."



56th House District
Eunice M. Conn – Republican

Citing health care costs as the most critical issue facing the state, Eunice M. Conn focuses on long-range goals. She is a supporter of caps on non-economic damages in medical malpractice cases. "The unreal awards being given are crazy," Conn said. Because of the high awards, malpractice insurance costs go up and then medical costs go up. I really don't see much hope in the short term to lower medical costs. Long-range changes will be the only real help."

Conn opposes universal health care because it is a Band-Aid solution. "This type of system is government taking over something that private enterprise should be handling," she said. "Just look at the Canadian system where patients are told, 'Yes or no, you can have elective surgery.' They have no real choice." She added that because of the long waits for some procedures in a universal system, people will not only "be paying with their (tax) money, but with their lives."



56th House District
Jeffrey M. Schoenberg – Democrat

Jeffrey M. Schoenberg was heartened by creative solutions proposed by the Cook County health care summit, but he said he is "waiting anxiously for something to come of them." Schoenberg said he senses considerable disappointment on all ends of the health care delivery system: Physicians, he said, are overcome with the burden of restrictions, hospitals are having trouble keeping pace with the cost of technology, and patients are looking for a way to get quality care they can afford.

"In my area," he said, "I've noticed a growing concern among the senior residents that although we have excellent health care facilities in the area ... care costs are escalating and patients are feeling the pressure of health care not being as available as they would like."

Schoenberg, citing Illinois' low Medicaid reimbursements, said, "We have to get away from the doctrine that government is bad and private is good. That thinking is as antiquated as the Cold War mentality. We must encourage public/private cooperation with incentives for health care providers to bring costs down and provide good care at the same time. We must forge non-adversarial relationships."

Physicians, hospitals, government and other health care institutions must make a "concerted effort" to provide affordable health care, he said. As the state's population grows older, their health care needs become more acute and more frequent, Schoenberg added. "We can't wait until it reaches crisis proportions."



67th House District
John A. Terranova – Republican

John A. Terranova, of Rockford, cites rural health care and education programs aimed at reducing the state's infant mortality rate as major issues of concern.

Terranova supports caps on non-economic damage awards in malpractice cases as a way to contain escalating medical costs. But he is undecided about supporting universal health care, believing that while Illinois residents need access to quality care, he would be hesitant to support a state-run program. Terranova supports the independent practice of most allied health professionals with some form of limited physician supervision.

Terranova said the decision to deny life-sustaining treatment is best left to the patient, but he has reservations about a patient's right to forgo nutrition and hydration.

67th House District
Michael V. Rotello – Democrat

Rising health care costs and availability of health care for many Illinois residents are some of the major issues facing the state, according to Michael V. Rotello, of Rockford. He believes that state government must give medical care a higher priority.

Rotello said he would support a state-run universal health care program, but he questions the cost of establishing such a program. He would examine funding mechanisms before supporting any tax increases.

Rotello said physicians' expenses must be controlled, but he opposes using the judicial system to intervene in the medical malpractice area. He said he would need more information before supporting a cap on non-economic damages in malpractice cases.

Rotello supports a patient's right to forgo life-sustaining medical treatment, but he is undecided on the right to withdraw nutrition and hydration. Physicians should not bear the burden of deciding when to forgo medical treatments, he added.



75th House District
Martin J. Rue – Republican

"Access to quality medical care is a national problem," said Martin J. Rue, of Ottawa. "Congress must address such issues as Medicaid funding for elderly citizens on fixed incomes." He added that physicians and hospitals cannot be expected to absorb the costs of patients who cannot pay their medical bills.

Rue opposes creating a universal health care program in Illinois. He argues that acutely ill patients often must wait for medical care under such a system, while people with minor ailments often receive prompt treatment. "I've yet to see socialized medicine work in any nation," Rue said.

Rue has not taken a stand on caps for non-economic damages in malpractice awards, but said he intends to seek affordable insurance for the medical profession. Rue also believes that malpractice cases should be heard in court and settled by juries, as opposed to out-of-court settlements.

Rue supports the independent practice of most allied health professionals under physician supervision, and he believes patients of sound mind should have the right to deny life-sustaining medical treatment. He added, however, that the medical profession has an obligation to provide nutrition and hydration to patients.

75th House District
Tom P. Walsh – Democrat

Tom P. Walsh believes access to health care in rural areas, high infant mortality and extended Medicaid payment cycles are important health issues this election year. He intends to seek funding for the rural health package recently signed by Gov. James R. Thompson, and will campaign for increased access to prenatal programs, especially for high-risk patients.

Walsh opposes universal health care, which he believes is "too restrictive and too radical a change" from the current health care system. He believes reforms must be made incrementally to the current health care system. Walsh, still undecided about caps on non-economic damages, says he believes that 1985 tort reform has reduced the number of malpractice lawsuits.

Walsh, an Ottawa resident, believes that independent practice for most allied health professionals would fill a medical need, provided physicians supervised their practice. But he said such services should not be viewed as a substitute for physician care.

Walsh advocates living wills and supports the right of terminally ill patients to forgo life-sustaining medical treatment, but he is opposed to the withdrawal of nutrition and hydration.



76th House District
J. Bradley Burzynski – Republican

Tort reform is near the top of J. Bradley Burzynski's list of health-related issues. The Sycamore resident also lists rising health care costs and the amount and quality of health care as major issues facing Illinois voters.

Caps on non-economic damages in malpractice cases would lower physicians' business costs considerably, Burzynski said, enabling some doctors to practice in less financially stable rural areas. The payment cycle for Medicaid and public-aid patients must also be examined, he believes, because lengthy repayment periods drive costs higher for private-pay patients.

Burzynski does not support a universal health care program, arguing that problems with the current system should be examined and corrected. Burzynski would, however, support independent practice for most allied health professionals with physician oversight.

(continued on page 10)

Election *(continued from page 9)*

"What we're going to see is that as we expand health care into areas that are unable to attract physicians, we need to look at qualified levels ... to enhance health care or the availability of services," he said.

Terminally ill patients of sound mind should have the right to deny life-sustaining treatment, Burzynski believes. But because of the different aspects involved in defining life-sustaining treatment, Burzynski said he has not taken a position on the withdrawal of nutrition and hydration.



76th House District
Robert L. Tisch – Democrat

Robert L. Tisch, of DeKalb, said the equitable distribution of health care is the most pressing health care issue in Illinois. He believes that the working poor face "a major financial catastrophe" with even a moderate medical emergency.

"I think we have to begin looking at all sorts of solutions to the problem [of health care provision]," Tisch said. The political will is building to support changes in health care provision, but Tisch questions whether tax increases to fund a statewide universal health care program would cause some businesses to leave Illinois.

Tisch supports a limit on non-economic damage awards. "I'm not sure you're going to be able to set monetary limits for every case ... but standards will have to be set" to encourage more people to enter medicine, Tisch said.

Tisch also believes that technological advances have made decisions regarding withdrawal of life-sustaining treatment more common. "Except for regulatory functions," he said, "I don't think the state should be involved."



83rd District
Charles P. Connor – Republican

Many of the state's health care problems can be attributed to inadequate public aid reimbursement, according to Charles P. Connor. "If [the state] would pay what they should pay," he said, "it would certainly help some of the problems of our hospitals."

The Joliet mayor and former circuit court judge is reluctant to support a state-run universal health care system because he does not believe that government can solve all problems. He would consider supporting limits on non-economic damage awards, and would support across-the-board caps if a reasonable plan were developed.

Connor said he needs to study further independent practice for allied health professionals. He supports a terminally ill patient's right to discontinue life-sustaining treatment, but not withdrawing nutrition and hydration. "When someone is brain dead with no chance for recovery," he said, "I don't believe in medical heroics."

83rd District
John C. "Jack" McGuire – Democrat

Long-term health care and rural health are among John C. "Jack" McGuire's health concerns. "For an affluent society, we don't have the health care to keep pace [with other nations]," said McGuire, Joliet Township supervisor. "We're probably rated with some of the less-developed countries of the world as far as providing health care, particularly prenatal care."

McGuire would support independent practice for allied health professionals with limited physician supervision, but he would have to further study universal health care and caps for non-economic damages. He added, however, that he is not looking to replace the current health care system.

McGuire believes withdrawing life-sustaining medical treatment is a family decision. Patients should also have the right to withdraw artificial nutrition and hydration after consulting with family and physicians. ▲

This report was compiled by Tamara Strom and Sean McMahan.

Why does
JACKSON &
COKER
recruit more physicians each year than any other company?

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

JACKSON AND COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

MEDICAL MALPRACTICE INSURANCE WITH DISTINGUISHED BENEFITS!



EXAMINE THE DIFFERENCE!

M.D., J.D. National Legal Coordination Network
(with local trial Attorneys)

Prior Acts Coverage/Liberal Tail Provisions

Reinsured Through Zurich Re.

Non-Assessable Policy

Risk Management Through ELM
Approved For 15 AMA C.M.E.'s

$50,000 Credential & Disciplinary
Legal Expense Reimbursement Plan

UNITED PHYSICIANS INSURANCE
Risk Retention Group
180 North LaSalle Street, Suite 2920
Chicago, IL 60601

For More Information Call
(312) 236-3133 OR (800) 767-0909

CME education

(continued from page 1)

physicians' acceptance of expensive gifts" from pharmaceutical and medical supply companies was narrowly defeated 100-93 with little debate.

Most Illinois physicians interviewed for this article say they have no problem accepting small gifts from pharmaceutical corporations. Four-color photographs of animals, calendars, pens or golf balls emblazoned with a company's logo, even weather band radios, are tokens that have no effect on a physician's prescribing habits.

"I prescribe the drugs that I think are the best for the patient. If a drug company gives me a pen with the name of a drug on it, I'll use the pen to write about a patient even if I've never prescribed that drug in my life. The pen will run out, and I'll still be prescribing the drug I want to," says William B. Buckingham, M.D., a Chicago internist who teaches ethics at Northwestern University School of Medicine.

In addition, most physicians say that pharmaceutical companies' providing sample supplies of drugs allows them to monitor a patient's reaction to a new medication at no cost to the patient.

"You can prescribe a particular medication that will cost the patient over $80 for a week's supply. But if you can give the patient a week's supply of the samples, you can see how well he does before you write the prescription and the patient has to pay," says Joseph B. Perez, M.D., of Rockford, chairman of the ISMS Committee on Drugs and Therapeutics.

There is considerable disagreement, however, about what is appropriate in drug companies' support of CME programs.

This support can take various forms. Drug manufacturers may provide funding for a keynote speaker at a medical convention. They may sponsor a cocktail party or underwrite a get-acquainted dinner at a seminar.

Some drug companies provide grants to authorized or accredited medical institutions to sponsor a CME program. In such cases, "The medical institution is responsible for the content of the program and the faculty assembly. All we do is provide educational funding; we don't control the content or the message that comes out of the program," explains Charles Rouse, manager of media relations for Marion Merrell Dow Inc., Kansas City, Mo.

"I don't think you can criticize these [activities]," says Dr. Buckingham. "They are probably done everywhere in the country, and they're done to support an educational experience on the part of the physician," he adds.

Ethics are often unclear

However, some types of drug company sponsorship of educational efforts fall into gray ethical areas. "There is some concern about activities that drug companies call CME but that are really straight marketing," says Donald F. Pochyly, M.D., medical director of Northwest Community Hospital, Arlington Heights, and chairman of the ISMS Council on Education and Manpower.

"There are two kinds of communication drug companies engage in. The first, called commercial communication, is governed by the Food and Drug Administration (FDA) and concerns truth in advertising. The other is scientific communication, which is supposed to be governed by the educational providers. But it's hard to discern, sometimes, whether scientific communication is just a straight marketing activity or is [really] educating the doctor," Dr. Pochyly observes.

For example, drug companies introducing a new product may hold a dinner for physicians in a community and provide a $100 honorarium to each physician who attends. The companies also may produce their own programs. "The classic example is the all-expenses-paid weekend trip to the Caribbean during which the doctor listens to presentations on a new drug product," Dr. Pochyly states.

Are such programs legitimate CME? Jesse Frederick, M.D., a Winnebago County physician, doesn't think so. At Dr. Frederick's urging, James E. Bane, M.D., the Winnebago County Medical Society's delegate to the ISMS House of Delegates, introduced the resolution asking for the adoption of ethical guidelines. "It is a complex issue. Where does [appropriate] advertising and promotion end?" asks Dr. Frederick.

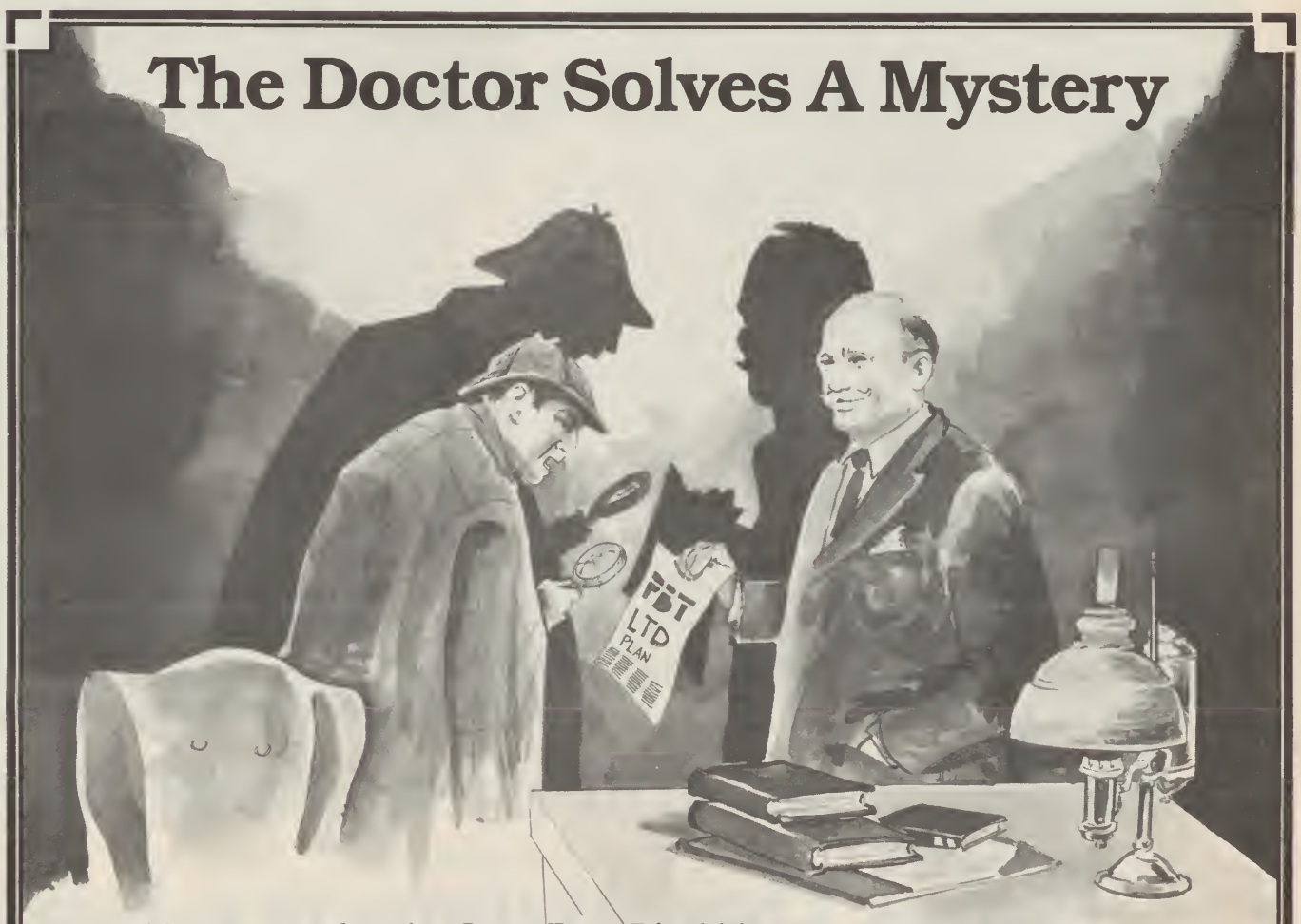
Lawrence Solomon, M.D., a member of the Department of Dermatology at the University of Illinois, Chicago, finds "distasteful ... [the] huge sums of money being dispensed by drug companies for the care and feeding of physicians. This is unnecessary."

Programs provide useful information

Other doctors, however, feel these company-sponsored programs are useful. Much of the value of these educational sessions is the give-and-take among physicians. "I have attended meetings where maybe 15 people will meet for dinner and a marketing person will discuss a particular product. And, I have gotten a lot of good material out of that – not so much from the marketing people but from the experiences of my peers who are attending the dinner," Dr. Perez states.

(continued on pagew 13)

The Doctor Solves A Mystery



"Homes, here's a Long Term Disability plan that pays up to $10,000 per month, and it defines disability to meet the real needs of physicians," Doctor Batson declared.

"Egad, it must cost a fortune," Homes responded diligently.

"About half of what others charge for the same protection," replied Doctor Batson.

"But how's that possible, Batson?" Homes implored.

"Elementary, my dear Homes. It's what I expect from my medical society. After all, it's just what the doctors ordered!"

There's no mystery to obtaining great benefits protection at low cost group rates. Simply call or write the PBT.

(800) 621-0748
(312) 559-9130

☐ Please send information about the **PBT Long Term Disability Plan.**
☐ Send information about the other PBT plans I have checked.

☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____
Practice Name: _____
Street: _____
City/State/Zip: _____
Telephone: _____
ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

MEDICARE CLAIM COMPLETION EXPLAINED

This article is intended to help physicians and their office personnel comply with the mandatory Medicare claim completion requirements of OBRA-89. Please note that this requirement is federal law. It was not developed, endorsed or supported by either ISMS or the Illinois Part B Medicare carrier. The ISMS Delegation to the AMA brought forth a resolution at the recent AMA House of Delegates meeting calling for the Association to pursue repeal of this initiative. In response to concerns brought by ISMS and others, the AMA had already introduced an item calling for repeal of this provision as part of its anti-hassle legislative package. While Congress debates the AMA's legislative proposal, it becomes effective for all Medicare claims for dates of service September 1st and beyond. Unless Congress acts favorably on the AMA's proposal prior to September 1, you will need to complete and submit Medicare claims for all your Medicare patients regardless of whether or not assignment is accepted.

This article is intended to assist you in understanding this initiative. The inserted illustration reflects a sample Medicare claim form. Note that the boxes are marked with either an R, C, or O to denote required, conditional or optional fields respectively. You should refer to the claim filing chapter in your Medicare carrier's Handbook for Physicians which was previously mailed to all physicians by the carrier for specific instructions for completing the required fields.

Duplicating the carriers' Handbook is not the purpose of this article. Additional, copies of the handbook can be obtained from the carrier directly. There may be a charge for additional copies. Further, the carrier is in the process of revising and updating its handbook. This revised edition will be forwarded by the carrier to all physicians and groups later this year.

ISMS has worked closely with Blue Cross/Blue Shield, the Illinois Medicare Part B carrier to monitor the implementation of this claim completion initiative. In response to ISMS concerns, HCFA has instructed the carrier to develop and conduct educational workshops/seminars on claim completion and other policy changes associated with this initiative.

Even if you currently complete and submit Medicare Part B claims, it may be helpful to review the policies governing Part B claim completion. The Medicare policies surrounding the claim completion initiative are mandated by federal law and failure to comply with the specific provision may result in imposition of civil monetary penalties. At a minimum, failure to complete required fields of the claim form will cause payment delays and potential denials of claims or requests for additional information, thus creating cash flow or reimbursement difficulties for either you or your patients.

The discussion that follows focuses on issues related to the initiative but does not directly deal with completing the claim. If you require claim completion assistance do not hesitate to call the Medicare carrier directly (see back page) or contact the ISMS Department of Economics at (312) 782-1654.

The issues addressed below represent responses to the most frequently asked questions by physicians about this initiative and deal with those Mediare Part B policies that have an indirect impact on this claim completion initiative:

ASSIGNMENT: Must I now accept assignment of Medicare?

Medicare policy currently requires all "participating physicians" to complete and submit Medicare claims. Under this initiative, that requirement is also extended to "non-participating" physicians and applies to both assigned and non assigned claims. The legislation does not make it mandatory to accept assignment. Rather, non-par physicians retain the right to accept or not accept assignment on a case-by-case basis. However, the law requires that they complete and file all Medicare Part B claims for their Medicare patients regardless of whether or not assignment is taken. Participating physicians already are, by virtue of their par agreement, required to accept assignment for all Medicare services they provide. Additionally, the OBRA legislation extends assignment to also include those beneficiaries who are both Medicare/Medicaid eligible. Previously, physicians were required to accept assignment for these patients only if they intended to bill IDPA for any copay or deductible. IDPA traditionally had refused to make payment unless assignment was taken. In some cases physicians treating Medicare/Medicaid eligible patients chose to not bill IDPA for any copay or deductible for various reasons and instead opted to not accept Medicare assignment and bill the patient directly for their full MAAC amount. In those cases Medicare directly paid the patient its determined allowable amount. This provision of OBRA now means that if physicians treat Medicare patients who are eligible for IDPA coverage, they now must accept assignment in order for Medicare to make payment, even if you are not going to submit a claim to IDPA (Medicaid). Eligibility questions should be directed to the appropriate agency.

COMPENSATION: Can I charge patients for administrative costs of claim completion?

The law prohibits physicians and suppliers from charging beneficiaries for the administrative costs associated with completion/submission of Medicare Part B claims.

CLAIM SUBMISSION: When must I file the claim?

Physicians must mail the claim as well as complete it. Claims must be submitted within ONE YEAR from the date of service. Failure to submit assigned claims within the prescribed time parameters will result in the carrier reducing its payment by 10%. Failure to submit non-assigned claims timely may result in the imposition of sanctions.

FORMS: Can I use my super bills? Where can I get the appropriate claim form?

Claims must be submitted on the standard HCFA 1500 claim form. During the phase in of this initiative, physicians will be allowed to continue appending a "super bill" to the HCFA 1500 to qualify as a valid claim completion. However, it is likely that at some point in the near future HCFA may mandate that only HCFA 1500 be used. HCFA 1500 claim forms can be purchased from a number of different sources including:

AMA Insurance Forms
American Medical Association
P.O. Box 10946
Chicago, IL 60610

U.S. Government Printing Office
Superintendent of Documents
Washington, D.C. 20402

Please call either of these two institutions for price and ordering specifics. The AMA phone number is 1-312-464-0183 or 1-312-464-5000, and ask for the Order Department. The Government Printing Office can be reached by dialing 1-202-783-3288. ISMS does NOT inventory these forms nor does it maintain price lists or ordering procedures of these or other claim form manufacturers. ISMS will closely monitor the carriers activities during this phase in period so that physician concerns about claim completion and use of forms can be addressed.

WAIVER: Can I opt out of this initiative?

Physicians and suppliers are not able to opt out of this requirement by entering into agreements with patients to avoid submitting claims to Medicare. HCFA regulations indicate that you cannot ask the beneficiary to give up his right to have claims submitted—even if the beneficiary is willing to do so!! Non-participating physicians who do not accept assignment can continue to request payment at the time of the service, but are encouraged to submit claims promptly to avoid reimbursement delays for patients.

MONITORING: What is the penalty for non-compliance?

Medicare carriers will monitor compliance with these and other provisions of OBRA-89. However, failure to specifically comply with the claim completion requirements may result in referral to the Office of the Inspector General (OIG) and the imposition of civil monetary penalties of up to $2,000 per violation.

ADDITIONAL REFERENCES: Where does the carrier provide notice on these items?

You should refer to your copy of the Medicare Part B carriers' Provider Handbook for further elaboration on claim completion. This handbook outlines all of the carriers administrative policies including those regarding claim completion. The carrier previously mailed a copy of this handbook to all physicians. You also should review the blue sheet in each issue of *IM*.

POTENTIAL AREAS OF CONCERN: While claim completion is fairly routine what fields can cause me the most problems?

Box 9—Other Health Insurance Coverage
If you are a participating physician, HCFA regulations now allow carriers to automatically forward assigned claims to the patients' supplemental payor for applicable copay and deductible reimbursement amounts. However, in order for the carrier to process the supplemental portion of the claim, either internally with Blue Shield or forward it to the appropriate payor, the word "MEDIGAP" must appear in the box. The name of the specific payor and policy number prefixed by the word Medigap will ensure that the supplemental portion will be processed. Failure to include the word Medigap may cause a delay or failure to transmit the supplemental portion. HCFA regulations do not extend this "benefit" to the assigned claims of non-participating physicians. Billing of supplemental plans for non-assigned claims remains the responsibility of the patient.

Diagnosis Code—Box 23 A
All claims must include the specific ICD-9-CM code that *relates* to the appropriate diagnosis or reason the patient sought care on that date of service. The carrier requires that its ICD-9-CM code reflect the highest degree of specificity as applicable. You are allowed to continue to use a written narrative in Box 23A. The narrative diagnosis is optional. However, the use of a ICD-9-CM code is required. Failure to use diagnosis code will result in denial of claims and possibly referral to the Office of Inspector General for imposition of civil monetary penalties.

In using diagnosis codes, you are advised to only report codes for diagnoses you personally treat. Reporting conditions that are being treated by another physician can cause a denial for concurrent care reasons. You also should be careful about using codes that designate unknown, or unspecified reasons or diagnosis as these may also lead to denials, or requests for additional information.

Electronic billers should check their specifications for the appropriate reporting field.

Box 24 H Use of PIN:
Performing Physician Number—when services are rendered by different physicians in a group or clinic, the group/clinic (or billing service) is required to identify the physician performing each service submitted on the particular Medicare claim. Each physician within a group or clinic that shares a common carrier-assigned provider number (option 2 group) has been assigned an individual Physician Identification Number (PIN) for each physician in the group. Medicare claims for option 2 groups must indicate, in field 24H, the PIN of the physician within the group/clinic who provided the service(s) billed. If an option 2 group physician refers a patient or orders particular services his/her PIN must be shown on field 19 of the claim form submitted by the physician providing the referred service. This applies only to physicians who are involved in groups using a common billing I.D. number (option 2 groups). Physicians who are not affiliated with common groups and bill using a six-digit numerical identifier should leave this box blank and place their six-digit provider number in Box 31 as always.

Box 26 Assignment:
If you want to accept assignment or if you are a participating physician and must accept assignment, you must check this box as "yes." Failure to mark the "yes" box will result the claim being processed as a non-assigned claim with payment being sent to the beneficiary. If the physician participates the claim will be denied with the message "Par provider must accept assignment."

PLEASE DO NOT STAPLE IN THIS AREA

FORM APPROVED OMB NO. 0938-0008

HEALTH INSURANCE CLAIM FORM

(CHECK APPLICABLE PROGRAM BLOCK BELOW)

MEDICARE (MEDICARE NO.) | MEDICAID (MEDICAID NO.) | CHAMPUS (SPONSOR'S SSN) | CHAMPVA (VA FILE NO.) | FECA BLACK LUNO (SSN) | OTHER (CERTIFICATE SSN)

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1 PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) — R
2 PATIENT'S DATE OF BIRTH — O
3 INSURED'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) — C
4 PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE) — R
TELEPHONE NO.
5 PATIENT'S SEX — MALE R FEMALE
6 INSURED'S I.D. NO. (FOR PROGRAM CHECKED ABOVE, INCLUDE ALL LETTERS) — R
7 PATIENT'S RELATIONSHIP TO INSURED — SELF SPOUSE R CHILD OTHER
8 INSURED'S GROUP NO. (OR GROUP NAME OR FECA CLAIM NO.) — C
INSURED IS EMPLOYED AND COVERED BY EMPLOYER HEALTH PLAN
9 OTHER HEALTH INSURANCE COVERAGE (ENTER NAME OF POLICYHOLDER AND PLAN NAME AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER) — C "MEDIGAP"/"IDPA"
10 WAS CONDITION RELATED TO:
A. PATIENT'S EMPLOYMENT — YES NO
B. ACCIDENT — R — AUTO OTHER
11 INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE) — C
TELEPHONE NO.
11a. CHAMPUS SPONSOR'S STATUS — ACTIVE DUTY DECEASED RETIRED — BRANCH OF SERVICE
12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING) I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. I ALSO REQUEST PAYMENT OF GOVERNMENT BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW
SIGNED — R — DATE
13 I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW — C
SIGNED (INSURED OR AUTHORIZED PERSON)

PHYSICIAN OR SUPPLIER INFORMATION

14 DATE OF: ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)
15 DATE FIRST CONSULTED YOU FOR THIS CONDITION
16 IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY, GIVE DATES
16 a. IF EMERGENCY CHECK HERE
17 DATE PATIENT ABLE TO RETURN TO WORK
18 DATES OF TOTAL DISABILITY FROM THROUGH
DATES OF PARTIAL DISABILITY FROM THROUGH
19 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g. PUBLIC HEALTH AGENCY) — C
20 FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES ADMITTED C DISCHARGED
21 NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE) — C
22 WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES NO CHARGES: C
23 A. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1, 2, 3, ETC. OR DX CODE — R (NARRATIVE IS OPTIONAL)
B. EPSDT YES NO; FAMILY PLANNING YES NO
PRIOR AUTHORIZATION NO. C

24 A. DATE OF SERVICE FROM TO	B * PLACE OF SERVICE	C. FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN: PROCEDURE CODE (IDENTIFY)	(EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES)	D DIAGNOSIS CODE	E CHARGES	F DAYS OR UNITS	G * T.O.S	H. LEAVE BLANK
R	R	R		R	R	C		P.I.N. (C)

25 SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE(S) OR CREDENTIALS) I CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART THEREOF) — R — DATE:
26 ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) (SEE BACK) — YES R NO
27 TOTAL CHARGE — R
28 AMOUNT PAID — R
29 BALANCE DUE — R
30 YOUR SOCIAL SECURITY NO.
31 PHYSICIAN'S, SUPPLIER'S, AND/OR GROUP NAME, ADDRESS, ZIP CODE AND TELEPHONE NO. — R
I.D. NO.
32 YOUR PATIENT'S ACCOUNT NO. — O
33 YOUR EMPLOYER I.D. NO.

* PLACE OF SERVICE AND TYPE OF SERVICE (T.O.S.) CODES ON THE BACK REMARKS:

APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 6/83

Form HCFA-1500 (2) (SC) (1-84) Form CHAMPUS-501 Form OWCP-1500 Form RRB-1500

MEDICARE INQUIRY CONTACTS

WHERE CAN I WRITE OR CALL TO OBTAIN ASSISTANCE WITH MEDICARE CLAIMS PROCESSING PROBLEMS AND/OR MAKE OTHER INQUIRIES ABOUT MEDICARE PART B PROGRAM RULES?

Listed below is a roster of specific Medicare Part B Units and their addresses that can help physicians in dealing with Medicare Part B program regulations. Also listed are the corresponding Medicare hot-lines for assistance.

Due to the nature of the relationship between physicians and the Medicare Part B program (or any other third party payor), instances will arise that will cause the need for Medicare carrier generated correspondence, requests for additional data, verification of the levels of care provided, etc. Since some of the rules governing the Medicare program change each year via the budget reconciliation process (as has been the historical case the past seven years) physicians and their office staffs now need to continue to be aware of program changes that may impact what is required of them as either a participating or non-participating physician in the Medicare program.

Failure to comply with certain Medicare Part B requirements (such as inclusion of a specific diagnosis code on Medicare claim forms) may result in claim denials and/or payment delays for participating physicians. Willful, knowing and repeated failure to comply with program requirements can have more serious implications for non-participating physicians (such as referral to the Office of the Inspector General, imposition of civil monetary penalties and potential disbarment from the Medicare program). Therefore, it is incumbent on physicians and their billing personnel to know what the program requirements are; how to comply, how to obtain necessary data, and how to respond to Medicare correspondence on issues like "medical necessity," verification and program monitoring letters. On the more practical side, physicians and their office staffs should know how to respond to payment denials, instances of downcoding or generally inquire about the payment status of a particular claim. This portion of the article is intended to provide you with some tips on dealing with these kind of Medicare Part B program inquiries. Specific instructions on filing appeals and pursuing fair hearings are listed in the carrier's *Handbook for Medicare Providers*.

MAKE SURE YOU CONTACT THE RIGHT PARTY:

Address and forward your inquiries or correspondence to the appropriate unit. Although some units share post office box numbers, each unit is designed to provide response to particular activities. In other words, the reasonable charge unit does not address claim development issues, etc. Failure to get your correspondence to the right party can delay consideration and/or evaluation of your request(s), concern(s) or response(s).

TELEPHONE CONTACT:

When making telephone inquiries of the carrier you should keep in mind that there are over 17,000 physicians in Illinois who may have similar concerns. There will be times when phone lines are busy. ISMS periodically raises this issue with the Medicare carrier. In response to ISMS concerns the carrier traditionally has provided additional personnel to staff its telephone lines during periods of new program rule or policy change phase-in. For example, in helping physician offices comply with the claim completion initiative, additional telephone hot-lines have been installed by the carrier. Although you may find a more "best" time to call, the carrier recommends calling between 8:00 a.m. and 10:00 a.m. The hot-line is open Monday–Friday 7:00 a.m. to 3:45 p.m.

Further, when you speak to carrier representatives, it is helpful to get the name of the person to whom you speak and/or the unit to which they are assigned. This is especially helpful if you need to follow-up on your conversation or need to verify directions/advice given over the phone. (Get a name, even if it is only a first name).

YOU WILL GET WHAT YOU REQUEST:

The carrier will send you the specific information you request. It is important when requesting charge or profile data that you are specific in terms of the material/data you require. If you ask for a copy of the physician's MAAC profile, you will get a customary MAAC profile report. However, this will not be helpful to you if the physician does not have a customary MAAC for the procedure in question. In some instances you may need to request an area prevailing MAAC or a specialty wide or carrier wide MAAC listing in order to know appropriate MAAC limits. Additionally, you may be better helped by listing the particular procedure code(s) and requesting the MAAC for that/those particular codes for your physician's specialty and area of practice.

Further, if you request prevailing data, the material you get may not necessarily include prevailing MAAC data. Be specific in outlining the data you require. If you do not know the technical name for the report, describe in writing the reason you need certain data and/or what it will be used for, i.e., complying with MAAC limits, determining reimbursement, etc., so that carrier personnel can assist you in getting the appropriate material. When in doubt, call the carrier's office for assistance. Please note that the carrier is no longer able to provide MAAC information via its Chicago office telephone lines. You are advised to write for MAAC data to the appropriate unit in Marion. When requesting charge or profile data be sure to include the physician name, I.D. number, specialty designation and the geographic area of the practice location.

BE DIRECT:

Your inquiry should outline the exact reason for the correspondence (i.e., appeal of a claim, response to carrier request for data, etc.). Cite any supporting documentation appended/included and the action you want the carrier to take (i.e., review a claim, review of the additional data for continued claim processing, overturn an adverse decision, schedule a fair hearing, etc.).

Your correspondence should be complete with procedure codes billed, beneficiary I.D. number, dates of service in question, voucher or control numbers if available, amount billed and paid by Medicare, etc. Finally, in responding to carrier generated correspondence it may be helpful to avoid "blasting" the carrier or its personnel. While such a response may be momentarily satisfying, hostile messages often obscure the real reason for your communication. What may be obvious to you as a physician providing care in terms of levels of service, complexity of a case, etc., may not be readily identifiable to a claims processor. Additionally in reviewing claims for "medical necessity" the carrier is required to request data from you prior to issuing a denial/refund letter to the patient. Responding to requests for data you believe were previously supplied can be frustrating. However, by providing a direct and timely response to such carrier inquiries you can avoid unnessary processing/payment delays. This is a particular concern for electronic billers. Electronic media claims submissions must meet certain Part B specifications. Some data you input may not be noted as being transmitted appropriately. If this is a problem for you, consult with your software supplier or contact the EMC division at (312) 938-7967 for advice.

DOCUMENTATION:

Documentation should be applicable only to the issue in question. Don't assume the obvious. Although Medicare requires its claims review personnel to undergo extensive training on Part B policy and claim processing issues, they are not physicians. They cannot make "medical" judgments. In processing an initial claim submission or in evaluating a claim for review they must make payment decisions based on the data (procedure/diagnosis code) provided. A common problem in this regard is downcoding of more intensive levels of office and consultative billings. In requesting review of "downcoded" claims, you should evaluate your documentation to determine the appropriate level of care that should have been billed. In other words, if you cannot support an initial billing of 90080, your documentation may well support a 90060 rather than a carrier downcode to a 90040 level. In billing for complex/comprehensive levels of care, you may want to consult CPT 4 and/or the Medicare Medical Policy Manual for the definition and the documentation requirements necessary to support the various levels of care billed.

RESPONSE TO MONITORING LETTERS:

The carrier is charged with monitoring the compliance of non-participating physicians with various program initiatives such as MAAC, beneficiary notification of elective surgical charges of $500 or more, use of PIN, inclusion of diagnosis codes, claim completion, etc. When responding to these issues keep in mind that the carrier did not develop the law(s). However, they are required by HCFA to periodically monitor compliance. Your response to monitoring letters should be direct to the issue in question and address only the issue(s)) or case(s) cited. Further, your response should be timely. Failure to respond to a monitoring letter in a timely fashion may result in additional correspondence or referral to the Office of the Inspector General. Provide necessary documentation to demonstrate either the carrier's error (in alleging non-compliance) or support for your compliance with either the initiative itself or previous carrier directives on the particular initiative. If you disagree with the carrier's determination, pursue the next level of appeal.

Finally, be familiar with carrier procedures/policies and your responsibilities/options in dealing with those policies. Just because you did not get a monitoring letter for a particular initiative does not mean you are now "off-the-hook" for compliance. The carrier periodically conducts its monitoring processes in a random fashion. Therefore, do not take comfort in assuming that since you were not notified of a potential violation during a particular monitoring period that you will never receive a monitoring letter. The only way to assure that you are in compliance with carrier initiatives is to know what they are, understand your options and the carrier/HCFA recommendations, document any exceptions or extenuating circumstances and comply accordingly. The major initiatives that the carrier is required to monitor on an ongoing basis are: mandatory assignment of clinical lab services, beneficiary notification (in writing) of elective surgical charges of $500 or more, MAAC limitation, claim completion and inclusion of PIN/provider I.D. numbers, and diagnostic coding. It may be required to expand this list and corresponding policies at HCFA's direction.

SUMMARY:

You should read the "Blue Page" of this paper and *all* carrier newsletters. Save these items. These are the means by which the carrier notifies physicians of changes in procedures, policies and coding. If you are uncertain about the applicability of specific rules or claim completion requirement issues for Illinois or are concerned about the impact of these requirements to your practice, contact the carrier's professional relations unit for clarification. The carrier will shortly be forwarding revised *Provider Handbook* and *Medical Policy Manual* to all physicians. Be sure to read and save these documents as they will prove invaluable to you in completing and submitting Medicare claims and requesting appeals or hearings.

Finally, if you have questions, concerns or require clarification of Medicare policies, the ISMS Department of Economics may be able to provide assistance. You may direct your comments, concerns, etc. to the Department of Economics at ISMS Offices (312) 782-1654. However, please understand that ISMS does not make or enforce Medicare Part B policy. ISMS staff can only outline the issues, cite the appropriate authority for the carrier's activity, intercede on your behalf with the carrier (in some instances) and outline your options in dealing with the program. Further, please be aware that ISMS does not warehouse Medicare claim forms, handbooks or any other third party payor program materials. Appropriate addresses to request this data have been provided in this article or are listed below. The ISMS Department of Economics hopes this insert proves helpful to you.

MEDICARE PART B IMPORTANT ADDRESSES AND PHONE NUMBERS

Beneficiary Information Hotline	**1-800-642-6930**
	1-312-938-8000
Provider Information Hotline	**1-800-535-6147**
	1-618-997-3190
Participating Provider Hotline	**1-800-535-6152**
	1-618-997-2349
Professional Relations	**1-312-938-7923**
Medical Necessity Denial Injuries	**1-312-938-7249**

CLAIMS — PARTICIPATING:

Blue Cross Blue Shield of Illinois
Medicare B Claims
P.O. Box 1030
Marion, IL 62959

REVIEWS — PARTICIPATING:

Blue Cross Blue Shield of Illinois
Medicare B Claims
P.O. Box 989
Marion, IL 62959

TO REQUEST A FAIR HEARING:

Blue Cross Blue Shield of Illinois
Medicare B Fair Hearing Unit
P.O. Box 998
Marion, IL 62959

TO MAKE GENERAL INQUIRIES:

Blue Cross Blue Shield of Illinois
Medicare B Inquiry Service Unit
P.O. Box 4433
Marion, IL 62959

TO CONTACT PROFESSIONAL RELATIONS:

Blue Cross Blue Shield of Illinois
Medicare B Professional Relations
P.O. Box 210
Chicago, IL 60690

PROVIDER ADDRESS/ PRACTICE CHANGES:

Blue Cross Blue Shield of Illinois
Medicare B Provider File Unit
P.O. Box 994
Marion, IL 62959

CLAIMS — NON-PARTICIPATING

Blue Cross Blue Shield of Illinois
Medicare B Claims
P.O. Box 4422
Marion, IL 62959

REVIEWS — NON-PARTICIPATING

Blue Cross Blue Shield of Illinois
Medicare B Claims
P.O. Box 4433
Marion, IL 62959

TO FILE MEDICARE SECONDARY CLAIMS:

Blue Cross Blue Shield of Illinois
Medicare B Secondary Payor
P.O. Box 991
Marion, IL 62959

TO MAKE OVERPAYMENT INQUIRIES:

Blue Cross Blue Shield of Illinois
Medicare B Financial Unit
P.O. Box 999
Marion, IL 62959

FREEDOM OF INFORMATION REQUESTS:

Blue Cross Blue Shield of Illinois
Medicare B FOI Unit
P.O. Box 992
Marion, IL 62959

PROFILE OR PRICING INQUIRIES:

Blue Cross Blue Shield of Illinois
Medicare B Reasonable Charge Unit
P.O. Box 994
Marion, IL 62959

(continued from page 11)

"I can honestly say that I have picked up valuable information by hearing the comments of other doctors about their experiences with the drugs and by hearing answers to leading questions about possible adverse effects of a drug or the cost of a drug," says Vincent A. Costanzo Jr., M.D., of Lansing.

And Dr. Costanzo echoes the opinions of other physicians when he points out that, "I have never yet allowed myself to be influenced by the dinners."

"It's not black and white," Dr. Pochyly acknowledges. But, he adds, some educational offerings "do provide the opportunity for a real selling job."

Senate committee to investigate

These activities have prompted an investigation by the Senate Committee on Labor and Human Relations, chaired by Sen. Edward Kennedy (D-Mass.), according to Dennis K. Wentz, M.D., director of the AMA Division of CME. He says hearings initially scheduled for last October may begin this fall. The FDA, which regulates the pharmaceutical industry, may also draft guidelines for industry-supported CME programs, Dr. Wentz adds.

Some physicians see clear ethical conflicts when pharmaceutical manufacturers compensate physicians to "promote" certain medications.

"I think it's unethical when [drug companies] have academic physicians host press conferences and present papers promoting the use of a drug while paying funds to the physicians," says Dr. Solomon.

Dr. Solomon makes a distinction between research funds and promotional payments to physicians. "I think academic physicians should conduct research on drug company products. Should they do it for nothing? Obviously not. They must be paid for the cost of the study. Beyond that, they have no responsibility to a drug company to promote their drugs."

The Pharmaceutical Manufacturers Association (PMA) maintains a code of pharmaceutical marketing practices for its members. The code calls for drug companies to conform with legal requirements, ethical standards and standards of good taste, and to provide up-to-date information based on substantial scientific evidence or medical opinion in their commercial communications.

PMA recently adopted the position statement of the American College of Physicians (ACP) on gifts to physicians and the sponsorship of CME programs. The statement calls for, among other things, offering only gifts that would not appear to have an influence on physicians' clinical judgment and advocating the support of CME programs that are controlled by educational providers.

Nonetheless, when drug companies have looked to educational providers in the past, they have often found inconsistencies among providers' standards for CME.

"For an accredited CME provider, there is a set of essentials that must be met in the development of an educational program," says Dr. Pochyly. "There has to be a documented need for the program, some clearly set objectives for the program, some criteria for the selection of faculty and an evaluation of the program."

However, Dr. Pochyly continues, "Some educational providers are not aware of some of the requirements." There are also different organizations that have CME guidelines – the Accreditation Council for Continuing Medical Education (ACCME), the ACP, the American College of Obstetricians and Gynecologists, and the American College of Cardiology.

Partially in anticipation of federal action and partially as a result of the proliferation of CME guidelines, representatives of the AMA, the PMA, the ACCME and the Alliance for CME will be joined by representatives of the Association of American Medical Colleges and the Society of Medical College Directors of Continuing Medical Education on a steering committee to draft a single set of guidelines, Dr. Wentz says.

These guidelines, expected in draft form by Christmas, will build on current ACCME guidelines and incorporate other guidelines. After circulation, the draft regulations will be introduced into the ACCME process by one of its parent groups, such as the AMA, Dr. Wentz says. The committee may also create a sort of "seal of approval" to identify for physicians educational programs that meet CME professional standards.

"The depth and breadth of CME is truly overwhelming," says Dr. Wentz. "Nobody has a handle on how many dollars go into it, but there are probably billions."

With such a tremendous expenditure of dollars goes accountability. Participants at a recent conference of medical school CME officials and drug company representatives concurred that, "The public is looking at this and would be comfortable if we had guidelines that we all followed and if the guidelines were audited in force," Dr. Wentz reports. "We agreed that if any regulation should be done, people from CME and drug companies should do it. It should not be done by the political process of Congress." ▲

For Your Patient Referral Needs

One Call Gets Us All
1-800-472-3660
or
Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex

MEDICAL COLLEGE OF WISCONSIN

Children's Memorial

(continued from page 2)

breaking for the first new structures is scheduled to begin within the next 12 to 18 months.

Expanded research capabilities

The expanded research capabilities will enable Children's Memorial to quicken the transfer of scientific breakthroughs "from laboratory to bedside," Frederick said. He said Chicago competes for research funding and staff with "powerful institutions" on the East and West coasts. In 1986, for example, Chicago hospitals received $107 million in grant money from the National Institutes of Health, while New York City research institutions secured $348 million.

"The availability of research funding plays a vital role in keeping and attracting the caliber of researchers we want," the hospital president said.

Staff scientists plan to focus on the role of biological maturation in regulating the growth, differentiation and function of cells and organ systems, Frederick said. The five targeted areas of research are cancer biology and chemotherapy, immunobiology, human and molecular genetics, neurobiology, and developmental systems biology.

"These research initiatives will advance our pioneering clinical programs, such as bone marrow transplants, pediatric heart transplants, infectious disease control and neonatal care," he explained.

Daley praises agreement

Mayor Daley lauded the efforts of the hospital and community leaders in arriving at a consensus. "We seldom hear of institutions and their neighbors working together, but this vital partnership between the hospital and the Lincoln Park area will benefit all Chicago," the mayor said. "The city is proud and pleased to be part of this effort."

The Chicago City Council Sept. 12 approved a series of zoning changes to accommodate the expansion. The planned 180,000-square-foot modification would have been prohibited under previous zoning laws, which would have held the medical center's expansion to 70,000 square feet, hospital officials said. ▲

Dr. Lumpkin

(continued from page 2)

funding the recently signed rural health package or enactment of legislation related to the Chicago and Cook County health care summit, will probably be decided when the next governor takes office. Any movement during the November veto session will hinge on who gets elected and how aggressively they want to pursue their agenda, he added.

> *"I consider myself a public health professional," Dr. Lumpkin added.*

"Clearly the state's finances are going to have a major role" in the veto session, Dr. Lumpkin said. He cited the summit, rural health and case management services for maternal and child health as his priorities for action. "But we also have to be realistic," he said, noting that the legislature will probably take its signal from the new administration.

Dr. Lumpkin's plans after January are uncertain, as the next governor will likely appoint a new public health director. "A lot of those decisions aren't in my hands," Dr. Lumpkin said. "Right now, my focus is on maintaining the high-quality work that's been done by the department in the past."

Following the lead of Dr. Turnock, who resigned to become associate dean of public health and clinical professor of community health sciences at the University of Illinois School of Public Health in Chicago, Dr. Lumpkin may decide to devote more time to academia. He is currently an assistant professor in emergency medicine at Northwestern University Medical School and an instructor at the University of Illinois School of Public Health. He has also taught at the University of Chicago.

"When the time comes, I'll have to look around and see what's available," he said. "Academia is always an option, [but] I enjoy public service and I might look for other positions in public service.

"I consider myself a public health professional," Dr. Lumpkin added. ▲

Mile Square

(continued from page 1)

convene an emergency meeting. She calls the reopening an "excellent solution for pulling together a major resource center" on the city's poor west side. "It's good for the image of the university and good for the community."

Trustee Judith Reese, of Chicago, concurred that Mile Square would strengthen the university's ties with the city, but voted against the agreement, calling it fiscally unsound. "We believe that it would end up costing us much more than is currently estimated," Reese said. "We just received a letter from [Ikenberry] that called for belt tightening. It said we'd have to cut some programs and scale back others, and now they want us to do this. It just doesn't make economic sense."

Trustee Susan Gravenhorst, of Lake Forest, who cast a surprise "no" vote, said her main concern was money. Because there is no guarantee that a special $25 million grant – earmarked to put the hospital back on sound financial footing and authorized by the legislature for the second consecutive year – will continue after this year, the plan is economically irresponsible, she said.

"We're making progress [with the hospital], but we still have a long way to go," she said. "I have no quarrel with the need for health care on the west side. It was a very difficult decision for me to make. It's always hard to vote against something that would help people."

Ikenberry still supports the Mile Square plan. "With the increasing emphasis on off-campus, outpatient training in medical education, [the plan] is consistent with where our College of Medicine ought to be headed," he said.

Meanwhile, the deed to the shuttered Provident Medical Center on the city's South Side was transferred to Cook County in a Sept. 17 ceremony in the Cook County Board chambers.

Cook County Board President George Dunne presented a check for $1 to Gertrude W. Jordan, U.S. Housing and Urban Development regional administrator, to seal the county's purchase of the 300-bed facility. County officials said the hospital will open in 12-18 months. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Otolaryngology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Pediatrician: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE pediatrician to join department of 17 BC/BE pediatricians. Two year guarantee plus comprehensive benefit package offered. The community offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Dermatology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820; 217/351-1285.

Large south side practice is looking for energetic physicians to join a stable practice of twelve years. Looking for (1) family practitioner, (2) general practitioner, (3) pediatrician. Please respond in confidence to: P.O. Box 578, Chicago, IL 60617.

Medical surgical center seeking physicians to work part-time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 108, Des Plaines, IL 60016, or call 708/390-9300 or 708/390-0300.

OB/gyn—family practice—general surgery— internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc., 12724 N. Maplecrest Lane, Mequon, WI 53092, 1-800-243-4353.

General Surgeon—BC/BE to join multispecialty group in southern Illinois serving population of about 20,000. Within 20 miles of Southern Illinois University Medical School, 120 miles from St. Louis, MO and 45 miles from Paducah, KY. Modern 40 bed hospital with x-ray, lab, CT scan, ultrasound and special care unit. Must be willing to do some primary care. (No OB). Guaranteed income with all practice expenses paid plus incentive. Write: E. A. Helfrich, Administrator, Union County Hospital, Anna, IL 62906; 618/833-4511 call collect.

Family physician—well equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five-room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone 618/285-6634.

Multispecialty clinic in northern Illinois seeks second OB/gyn and fourth family practitioner to join dynamic, high growth practice. Community health center model. New facility. Scholarship and loan repayment available. Paid malpractice and flexible compensation plan. CV to John Frana, Executive Director, Crusader Clinic, 120 Tay St., Rockford, IL 61102; 815/968-0286 EOE.

St. Louis University's HealthLine Physician Services is currently recruiting primary care physicians to provide clinical services in the emergency department of Harrisburg Medical Center in Harrisburg, IL; full-time and part-time positions are available. Moderate volume; 24-hour radiology, anesthesiology, laboratory; strong ED nursing and medical staff support. Competitive hourly rate with professional liability insurance provided. Contact Gerry Liebmann, 1-800-443-3901, 3663 Lindell, Suite 400, St. Louis, MO 63108.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin, 44 physician, multispecialty group is seeking two internists, a vascular surgeon, a rheumatologist, an OB/gyn, an ophthalmologist and a neurologist. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Parkway, Beloit, WI 53511, or call 608/364-2200.

Pediatrician, OB/gyn, family practitioner, general surgeon. Growing 17 physician, multispecialty clinic in beautiful northwestern Wisconsin seeking BC/BE specialists. Attractive partnership opportunity. Come grow with us! Contact Donald W. Clemens, Administrator, Indianhead Medical Group, Ltd., 1020 Lakeshore Drive, Rice Lake, WI 54868. Phone 715/234-9031.

Looking for an associate to join a well established primary care medical practice near Chicago, with an option to take over the practice. Call 815/786-9767.

Pediatrics—Brainerd, MN: Join 2 pediatricians in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Need medical oncologist in practice to associate with cancer center. Write to Box 2172, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine—Brainerd, MN: Join 7 internists in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Cardiology: 70-doctor multispecialty group seeking third cardiologist to associate in excellent growing consultative practice, combining both invasive and non-invasive opportunities. Well equipped offices within a well staffed, modern hospital minutes from clinic; "state of the art" catheterization laboratory with digital angiography and full non-invasive cardiac lab. New ICU and CCU being built. Drawing area 400,000. Stimulating midwest Big 10 university community of 100,000 with cultural advantages. Ideal for family. Medical school teaching affiliation. Excellent initial guarantee and fringes with early associateship and subsequent income based exclusively on productivity. Send CV to Ronald H. Deering, M.D., 101 W. University, Champaign, IL 61820.

Private practice opportunities exist in southern Indiana affiliated with a 590 bed hospital. Specialties include internal medicine and family practice. Competitive compensation plan and attractive partnership arrangement available. Send CV to Don Hoit, 11222 Tesson Ferry Rd., Suite 203, St. Louis, MO 63123, or call 1-800-336-3963.

X-ray technologist, experienced. For work with S.W. side group—established 44 years. Convenient to all expressways. Opportunity to work with patients in areas other than radiology. Bilingual English and Spanish preferred, but not necessary. Full or part-time. Contact: David Rosner, M.D., 312/247-4900.

Obstetricians/gynecologists—Illinois. Board certified or board eligible obstetricians and gynecologists wanted to join a 210 physician, multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801, or call collect at 217/337-3417.

Pediatricians—Illinois. Board certified or board eligible pediatricians needed to join 210 physician multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801; or call collect at 217/337-3417.

Busy practice, geripsychiatry, looking for full or part-time psychiatrists. Please call and/or send your CV to Center for Psycho-Social Development, 300 N. State St., #5308, Chicago, IL 60610; 312/565-2251.

Radiologist. Board certified. Immediate opening, full-time. Chicago south suburb. Competent in all phases of diagnostic imaging including special procedures, MRI and ultrasound. Send CV to: Radiology Center, Box 2399, Homewood, IL 60430.

Family practice Minnesota—Physician needed for employment or ownership of broad based practice in rural community 45 minutes south of metro area. Existing shared call, tremendous earning history of retired physician, fully equipped and staffed office. Near outstanding hospital with all specialties represented. Guaranteed compensation, full benefits, bonus. For this and other opportunities in the upper midwest, send CV: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect 612/454-7291.

Non-invasive cardiologist—Four physician, single specialty cardiology group has an immediate opening for a BE/BC non-invasive cardiologist. Echo, doppler, holter and treadmill are established in-clinic. Full invasive and surgical programs are established. The practice serves a large and expanding regional referral area in mid-Michigan. Generous compensation and early partnership are available. Send CV to: The Heart Group, P.C., Attn.: N. Polzin, 4701 Towne Center Rd., Suite 201, Saginaw, MI 48604.

Invasive (non-angioplasty) cardiologist—Four physician, single specialty cardiology group has opening for a BE/BC invasive cardiologist. The opportunity involves a general referral cardiology service including diagnostic catheterization. Fully equipped cardiovascular labs are expanding and an excellent cardiovascular surgery program is established. The practice serves a large and expanding regional referral area in mid-Michigan. Generous compensation and early partnership are available. Send CV to: The Heart Group, P.C., Attn.: N. Polzin, 4701 Towne Center Rd., Suite 201, Saginaw, MI 48604.

Family planning clinic looking for board certified gynecologist with own malpractice to do pregnancy terminations 1-2 mornings a week. Send resume to: Administrator, P.O. Box 608, Elgin, IL 60121.

Primary care physicians needed to cover a moderate volume acute care clinic at Scott Air Force Base in Illinois. The clinic is located 30 minutes from downtown St. Louis, MO and is open 10:00am - 10:00pm daily. Annual reimbursement fee is in excess of $85,000. Part-time hours are available. High limit occurrence malpractice insurance and allowance for CME and professional dues. For more information contact: Ben Hatten, Spectrum Partnership Services, 999 Executive Parkway, St. Louis, MO 63141; 1-800-325-3982, ext. 3004.

Successful group seeking BC/BE internist to staff satellite office in Wisconsin northwoods recreational haven. Over 1,000 lakes, hunting, hiking, skiing, snowmobiling. Fully equipped and staffed office adjacent to 100-bed regional health care facility. Generous guaranteed salary and benefits with incentives and option to purchase practice after first year. Please contact: Michael Krier, 1-800-272-2777 or 414/784-2777, 15850 W. Bluemound Rd., Suite 300, Brookfield, WI 53005.

General/family practitioner needed full-time to cover an outpatient clinic in Rantoul, located 15 minutes north of Champaign. The clinic is open 8:00am - 5:00pm, Monday through Friday. Average of 30 patients scheduled per day with no in-house or on-call responsibilities. Annual reimbursement fee in excess of $75,000. High limit occurrence malpractice insurance and allowance for CME and professional dues. For more information contact: Ben Hatten, Spectrum Partnership Services, 999 Executive Parkway, St. Louis, MO 63141; 1-800-325-3982, ext. 3004.

Rheumatologist: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE rheumatologist to join a department of three BC rheumatologists. Two year guarantee plus comprehensive benefit package offered. This area, which encompasses Appleton, Neenah, and Oshkosh with a combined population of 300,000-plus, offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Chicago, IL—Emsco Management Services currently staffs eight emergency departments and four ambulatory care facilities within the metropolitan Chicago area. If you would like to become a member of a group committed to excellence, please call or send your CV for immediate consideration to: Diane Temple, 907 N. Elm St., Suite 301, Hinsdale, IL 60521, 708/654-0050.

Family practice, group practice. Are you interested in living within 75 miles southwest of Chicago, Peoria, Quad Cities and Rockford? Are you a board certified/eligible family practice physician who is interested in joining a well established group of physicians? Partnerships available within a year. Are you interested in being on the staff of a 72-bed hospital which provides care for over 24,000 people? If this interests you, please call 1-800-441-0996 or 215/896-5080 (in PA) or send your CV to Mary Packard, Garofolo, Curtiss & Company, 326 W. Lancaster Ave., Ardmore, PA 19003. Equal opportunity employer.

Evanston, "North Shore" suburb of Chicago. Are you interested in making a difference in women's medical care? The Center for Women's Health is seeking an OB/gyn to join their staff. The center is affiliated with a 445-bed hospital of Evanston, one of the near north's leading medical centers. An attractive salary and benefits package is being offered to the physician who wants to make a difference. For additional information about this or other opportunities, please call Mary Packard at 1-800-441-0996, or in Pennsylvania call collect 215/896-5080.

Radiologist. Position in large outpatient clinic. Facilities include fluoroscopy, tomography, mammography, diagnostic ultrasound, plus general radiology. No invasive procedures. This multispecialty group is located in the far western suburbs of Chicago in an area offering excellent schools, housing and recreational facilities. Excellent workload and hours compared to hospital setting, plus the ability to work with a quality group in a pleasant environment. Reply to Box 2180, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Cardiologist, BC/BE invasive/non-invasive to join five cardiologists in cardiology department of large multispecialty clinic in Chicago suburb. Active CV surgery and PTCA programs. Clinical, non-invasive and invasive skills required. Prefer knowledgeable, competent, skillful, personable individual. Exceptional salary and benefit package leading to early partnership. Send CV and details about your interest. Reply to Box 2179, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Podiatrist seeking full/part-time position, Chicagoland area. Residency trained, fluent in Spanish. Write: 1134 N. Wolcott, #3R, Chicago, IL 60622-3714; or call 312/276-7349.

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

Dental office—beautiful office in prestigious modern building. Excellent busy location. Three exam rooms, lab, private office, washrooms and parking. Waukegan, IL; 708/244-8340.

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Active established primary care practice. Completely equipped, staffed and computerized. Excellent patient base. Will introduce. Chicago location. Call 312/346-3364.

Medical suite for rent: in high traffic, stable working community in Chicago area. Excellent demographics. Large modern suite with accessible parking. 312/238-6686.

Prime medical space. Eminent architect will design. 1,750 square feet. Southwest Chicago-Beverly Hills, historic landmark "Village in the City," central location. Parking. Call 312/445-3942.

Otolaryngology practice for sale. Solo practitioner retiring. Over 30 years in practice. Growing community 40 miles west of Chicago. Contact Mr. Hoffman, 708/696-0220 for details.

For rent. Medical office of 30 years' duration in Lake Zurich. Four miles from Good Shepherd Hospital in Barrington. Call 708/438-7041.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing. Computerized system can be customized to meet the needs of your practice. Accurate ICD-9 and CPT coding. Insurance filing and follow-up. Financial reports showing practice analysis. Contact Golden Office Management, Inc., 3317 W. 95th St., Evergreen Park, IL; 708/423-7778.

SMC: POL consulting; quality assurance is quality care. Laboratory compliance: federal and state regulation; quality control programs, safety, procedure manuals, instrument maintenance logs, correlation analysis. Complete laboratory evaluation. Free POL assessment. 312/882-4526.

Custom computer graphic slides. For your next lecture, let us design your slides. As specialists in the medical photography field, we are experts in design, color, details, and backgrounds. Pick up and delivery available. Unbeatable prices. For information and sample slides call Phil, 312/508-0811.

We're on the beam to collect your past-due receivables! Beam Financial Services, Inc., Mr. Lazer, 312/329-0019.

Specialized Spanish course. For physicians and health care providers. Private and group sessions held at your convenience. For details call: Arturo Castro, 312/404-5420.

ATTENTION PRIMARY CARE PHYSICIANS*
Increase Your Skills

Attend the ULTIMATE Course in Procedural Skills

LEARN: Alllergy testing, audiometry, cryo-surgery, flexible sigmoidoscopy, holter, monitoring, naso-pharyngoscopy, pulmonary function testing, vasculary flow testing, screening colposcopy, caridac stress testing, dematologic surgery techniques & MORE... including appropriate CPT coding.

*Monthly Series Now In its 3rd Year.
Accredited:
15.5 hours CME
(AAFP, AMA, AOA)

Tuition: $395

LOCATIONS — DATES

Phoenix.....Sept 15-16
Chicago.....Oct. 20-21
Atlanta.....Nov. 17-18
New Orleans.....Dec 15-16
Dallas/Ft. Worth.....Jan 12-13
Ft. Laud.....Feb 16-17
*Post Seminar Cruise offered

Presented by:
CURRENT CONCEPT SEMINARS
America's Largest Independent Producer of CME Programs
5700 Stirling Road, Hollywood, FL 33021
(305) 966-1009
(800) 969-1009

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

NATIONAL LIBRARY
OCT 12 1990
OF MEDICINE

NEWLY PRACTICING PHYSICIAN DISCOUNT

REDUCES YOUR PROFESSIONAL LIABILITY COSTS AS YOU ESTABLISH PRACTICE.

IF YOU ARE A PHYSICIAN ENTERING PRACTICE FOR THE FIRST TIME, OR ENTERING A NEW PRACTICE SPECIALTY UPON COMPLETION OF MEDICAL TRAINING, YOU WILL BE ENTITLED TO A REDUCED PREMIUM FOR THE FIRST TWENTY-ONE MONTHS OF PRACTICE.

The Exchange is physician owned and operated, supported by a staff of insurance professionals. We provide superior advocacy service. We are committed to the Illinois physician.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians **since 1976.**

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

75986
86

#1 IL417L
V.2 NO.21 1990
C.01--------SEQ: SP0063601
TI: ILLINOIS MEDICINE

Federal and Statehouse races profiled 8

Illinois Medicine

October 12, 1990

ILLINOIS STATE MEDICAL SOCIETY



American Medical News/Louise Noakes

The AMA has called for HHS Inspector General Richard Kusserow's resignation, saying he has "unnecessarily harassed" physicians.

AMA calls for HHS official to step down

by Sean McMahan

THE AMERICAN Medical Association, in an unusual and highly public move, called Sept. 25 for the resignation of Richard Kusserow, inspector general of the U.S. Department of Health and Human Services (HHS). The AMA urged Kusserow's resignation in a strongly worded letter to President George Bush and in a speech to Florida physicians by James S. Todd, M.D., AMA chief executive officer.

The call for Kusserow's resignation, which follows his appearance Sept. 20 on a nationally televised news show, is the first time the AMA has asked a high-level federal official to step down.

"In carrying out his duties, Mr. Kusserow is widely perceived to have ignored, indeed fought against, principles of fairness [that] are routine in the American administrative and judicial system," Dr. Todd told members of the Broward County (Fla.) Medical Society at its annual meeting. " As a result, competent

(continued on page 15)

Thompson signs social workers bill

by Kevin O'Brien

LICENSED CLINICAL social workers can now receive direct insurance reimbursements for treatment of patients with mental, emotional or nervous disorders. Legislation permitting the payments was signed by Gov. James R. Thompson Sept. 21.

Previously, only licensed clinical psychologists and licensed physicians could receive third-party reimbursement for mental health services.

"Not all people who seek mental health services require medical treatment, but they may need nonmedical mental health care that clinical social workers are trained to provide," Thompson said. "By signing this bill, we are providing Illinois citizens with another low-cost alternative for mental health care treatment that may ultimately result in savings for Illinois employers and the insurance industry," he added.

H.B. 3149 does not mandate a new benefit for employers, applying only in cases where an employer elects to provide insurance for mental health or where an individual purchases the coverage. The bill does require, however, a clinical social worker to notify a primary-care physician of any services rendered, unless the patient waives notification.

The legislation, one of the few controversial health care initiatives to pass in the last session, was a last-minute amendment to H.B. 3149, which originally addressed the reissuance of lapsed pharmacy licenses. An earlier version of the bill, S.B. 1510, sponsored by Sen. Emil Jones Jr. (D-Chicago), was tabled by the House Consumer Protection Committee June 8.

The bill was opposed by several groups, including the Illinois Psychiatric Society (IPS), the Illinois State Medical Society, the Illinois State Chamber of Commerce, the Illinois Manufacturers Association, the Illinois Life Insurance Council and business groups concerned about the impact of the bill on insurance costs.

IPS President Sara Charles, M.D., expressed disappointment when the bill cleared the House in June. "Patients may in the long run suffer from inadequate care, particularly in instances when a patient who has psychological symptoms may in fact

(continued on page 3)

Parts of Medical Practice Act declared unconstitutional

by Sean McMahan

A FEDERAL JUDGE in Danville Sept. 21 declared unconstitutional "for reasons of vagueness" two sections of the Medical Practice Act. The sections pertain to the unlicensed diagnosis and treatment of ailments and the practice of medicine.

Two lay midwives, previously indicted for practicing medicine without a license, challenged the constitutionality of provisions in the act that allegedly prohibited the unlicensed practice of midwifery. The indictment was subsequently dropped.

U.S. District Court Judge Harold A. Baker sustained the state's right to regulate midwifery practice but ruled that the Medical Practice Act of 1987 "does so by way of an impermissibly vague penal statute" that violates the plaintiffs' right to due process. The unlicensed practice of midwifery had been specifically prohibited under the previous Medical Practice Act of 1985. References to midwifery were deleted when the act was updated in 1987.

"The new act fails to make sufficiently clear whether midwifery, which formerly was specially licensed by the state, is now to be wholly regulated, or flatly prohibited, or something in between," the opinion said.

A grand jury in Christian County in December 1988 indicted the plaintiffs, Betty Peckmann and Kim Perry, on charges of practicing medicine without a license. As a

(continued on page 18)



Wm. Daniels/The Photo Partners

ISMS and Northwestern University Medical School hosted a reception recently to heighten awareness of ISMS membership services. From left: Harry N. Beaty, M.D., Northwestern University Medical School dean; James H. Andersen, M.D., ISMS president; Sandra J. Olson, M.D.; Robert M. Vanecko, M.D., and Arvind K. Goyal, M.D.

In this issue

Health commissioner search reopened 2
'Partners for Health' reaches out to seniors 2
On the legislative scene 3
Letters to the editor 5
Breast cancer examinations require careful records 6
Great moments in Illinois medicine 14

3 DIGIT SCF 208
****
1001 IM
NATIONAL LIBRARY OF MEDICINE
TSD - SERIALS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

New national search under way

Chicago still seeking health commissioner

by Tamara Strom

THE CHICAGO BOARD of Health is back to square one in its quest for a health commissioner. Health department officials say a new national search is under way after the front-running candidate, Caswell Evans, a dentist and assistant director for health services in the Los Angeles County Health Department, reportedly turned down the $88,000-a-year commissioner's post.

Although he declines comment on "personnel matters," board President Whitney W. Addington, M.D., said he is "very disappointed" the search is taking so long. "We've been at this for more than a year and I hope it doesn't take another year," Dr. Addington said. "It takes a long time, we regret to say, but we want to find the very best candidate we can." He said he hopes to conclude the search in the next three to four months.

Dr. Addington cited the number of public health positions currently available nationwide and the lack of "outstanding" candidates for these positions as obstacles in Chicago's search for a new commissioner. "This job is a great challenge and a lot of changes need to be made," he said, adding that although the number of qualified candidates is limited, "There are a few and we hope to get one."

A qualified commissioner candidate does not have to be an M.D., according to a new Chicago City Council ordinance passed in March that broadened the prior requirement of a physician city health chief. Now a non-physician commissioner can be hired, but he or she must have an advanced degree in some area of public health and extensive public health administration experience. Also, if the commissioner is not a physician, at least one health department deputy commissioner must be, the ordinance states.

In the meantime, several deputy commissioners are pitching in with expanded duties to fill the leadership void while the commissioner post remains vacant, said Timothy C. Hadac, Chicago Department of Health spokesman. Virginia Parker, deputy commissioner for finance, is acting chief executive officer; Sister Sheila Lyne, a new deputy commissioner in charge of clinic reform, is serving as chief operating officer. Patrick Lenihan, deputy commissioner for policy and planning, has an "extended role in terms of decision-making." In addition, Richard W. Biek, M.D., chief medical officer, "has taken on an enlarged role," Hadac said. "In fact, [Dr. Biek's] office has been moved to the executive floor to be as close to the eye of the hurricane as possible."

> *"We can and will find a competent health professional who will serve the needs of Chicagoans, especially indigent Chicagoans."*

The team leadership will continue until a full-time commissioner is found, Hadac said. "We can and will find a competent health professional who will serve the needs of Chicagoans, especially indigent Chicagoans," he said. "Being health commissioner of Chicago is a great opportunity. It's certainly a proving ground."

The commissioner's office is vacant following the August departure of Acting Health Commissioner Richard Krieg, Ph.D., to serve as executive director of Roosevelt University's Institute for Metropolitan Affairs. Dr. Krieg chaired the System Design and Management Committee of the Chicago and Cook County Health Care Summit. ▲

Physician/patient communication stressed

'Partners for Health' reaches out to seniors

by Lisa Kim

ILLINOIS SENIOR CITIZENS are getting a lot of tender loving care lately from physicians participating in the Illinois State Medical Society's (ISMS) newly launched "Partners for Health" campaign.

Designed to foster better communication between physicians and seniors, the program uses a physician speakers bureau to provide seniors with answers to their medical and health questions, and to give doctors a captive audience.

ISMS sponsored six training sessions statewide to help physicians improve their speaking skills and gain a better understanding of senior issues. More than 100 physicians attended the sessions held during the summer in Belleville, Champaign, Marion, Rockford, Springfield and, most recently, Oak Brook.

With the help of county medical societies, ISMS matches physician speakers with local senior citizen clubs, retirement homes and other elderly community organizations.



Wm. Daniels/The Photo Partners

"Partners for Health" physician speakers distribute Healthy Partnership kits (left) to attendees. At right: Adolfo Molina, M.D., addresses a senior citizen group.

Physicians can speak on any health topic of interest to themselves and the senior group, including Alzheimer's disease, living wills or the importance of maintaining good communication with their doctors.

ISMS provides physician speakers with a kit containing a sample speech on good communication, speaking tips, advice on planning their presentation and information on senior citizens. "We have a lot of concerns and questions about our health," said Vivian Schopp, one of 40 senior citizens who recently attended a Norridge discussion on preventive medicine conducted by Lee Sacks, M.D., of Glenview.

In his presentation, Dr. Sacks emphasized the importance of regular mammograms and Pap tests. "A lot of women don't get tested regularly because they think they'll never be affected," Schopp said. "But he really made the importance of preventive medicine sink in with us."

"Nothing helps our image more than talking to groups, answering their questions and explaining how things are," Dr. Sacks said. "The seniors love it.

"The program also provides a great way to build a coalition with seniors, especially when it comes to future legislative issues," he added. "In the past, some senior groups have been outspoken in favor of mandatory Medicare assignment. If we can take the time to talk to them in small group settings, seniors would quickly realize how mandatory assignment would affect their care."

"It's important that organized medicine and the Medicare population be friends," added William Troyer, M.D., chief of staff at the University of Illinois Hospital in Chicago and a speakers bureau member. "This is difficult these days because so much of the relationship has been depersonalized by billing complexities, hospitalization expenses and fractionalization of

(continued on page 17)

Corrections and clarifications

One of the legislative district maps in the Sept. 28 issue inadvertently identified the 38th Senate District as an open seat. It is not. The incumbent is Democrat Sen. Patrick Welch.

Physician Facts

Mentally Ill Adults in Illinois*

Age	18-21	22-64	65+
Total population: †	867,286	6,054,410	1,261,785
People targeted for services:	6,505	45,408	9,463

Total people targeted for services: 61,376

MENTAL ILLNESS AWARENESS WEEK
October 7-13, 1990

* These are people targeted as requiring the services of the Illinois Department of Mental Health and Developmental Disabilities. These people exhibit severe and persistent long-term disabilities due to mental illness, experiencing significant problems in maintaining a meaningful existence for themselves in the community. Services are provided by DMHDD directly or through grant-in-aid community programs.

† Figures are estimated; 1980 census data used.

Source: Illinois Department of Mental Health and Developmental Disabilities, 1989.

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

On the Legislative Scene



Gov. James R. Thompson has vetoed one health care bill, and returned two others to the legislature with amendatory vetoes. A three-fifths vote of the members in each house is required to override a total veto. The governor's recommendations contained in amendatory vetoes must be accepted by a majority of the members in the house in which the bill originated. The fall veto session will be the weeks of Nov. 13-17 and Nov. 27-Dec. 1.

Hospital care ... Thompson vetoed S.B. 2050, sponsored by Senate President Philip Rock, which would have required the Illinois Department of Public Aid to make additional payments to hospitals for outpatient services, obstetric care, emergency room care and trauma care provided to Medicaid patients.

The governor said the bill would undermine existing reimbursement methodology and jeopardize federal reimbursement. Moreover, he said, increased hospital reimbursement would shift resources from "the most-needed and cost-efficient primary care." Finally, Thompson said the program would cost more than $55 million annually and, "Funds are simply not available to provide additional payments without lengthy delays in payments to providers."

CME verification ... The governor asked the legislature to delete the provisions of S.B. 1617 that would have required that the Illinois Department of Professional Regulation (IDPR) to create a mechanism to verify completion of the continuing medical education (CME) requirement. The bill also authorized IDPR to contract with an outside entity to perform this function. Moreover, physician licensees would be required to pay a fee for this activity.

Thompson said that new CME techniques, such as video and audio tapes, printed materials and television programs, are effective educational tools that "do not lend themselves easily to verification using the methods that may be employed by the department, much less an outside agency motivated by a fee collection."

Medical Center Commission ... Chicago Mayor Richard M. Daley will be the beneficiary of a change in the composition of the seven-member Medical Center Commission board, which administers the Medical Center District on the city's near west side. The district encompasses several of the city's major health care institutions.

Under the current statute, four commissioners are appointed by the governor, one by the mayor, one by the Cook County Board president and one by the president of the Chicago Park District. The bill, sponsored by Sen. John D'Arco Jr. (D-Chicago) and Rep. Jesse C. White Jr. (D-Chicago), stripped the county board president and park district president appointments, and awarded them to the mayor. The governor sustained the deletion of the park district's appointment, but reinstated the county board appointment. "This change is unfair," Thompson said. "Cook County is directly impacted by the actions of the Medical Center Commission and should be represented."

The governor also struck a provision that would enlarge the boundaries of the district to the southwest to "subject a specific piece of property to regulation by the commission. A further expansion of the district is simply not necessary at this time, especially given the tight fiscal situation this year," Thompson said. ▲

Clinical social workers

(continued from page 1)

be suffering from a physical illness," Dr. Charles said at the time. "Not all professionals are trained and equipped to make that discrimination and evaluation."

The bill's supporters included the Illinois Society for Clinical Social Work, and social services and mental health provider groups, including the United Way of Illinois, the Mental Health Association of Illinois and the Illinois Collaboration on Youth.

Sheldon R. Goldstein, executive director of the National Association of Social Workers Illinois Chapter, welcomed the governor's action. "What I would like to see now," Goldstein said, "is for the psychiatrists and psychologists to come together with social workers to work to improve mental health care services for patients throughout the state." ▲

Blue Cross®
Blue Shield®

REPORT
FOR *Illinois Physicians*

PHYSICIANS HELP NEEDED TO STOP FRAUD!

Every dollar paid as the result of fraudulent health care claims unnecessarily raises the already staggering cost of health care. Examples of fraud include altered bills, claims for services that were never received, and the misuse of the Blue Cross and Blue Shield subscriber identification card by non-covered persons.

To help contain the cost of health care by ensuring that only legitimate claim payments are made, Blue Cross and Blue Shield of Illinois (BCBSI), began including the following Fraud Hotline message with its subscriber Explanation of Benefits (EOB) summaries:

"Help Stop Fraud! If you think someone is committing fraud, hold down the cost of your health insurance by reporting it today. In Illinois call 1-800-543-0867. Outside of Illinois call 1-800-628-6914."

We would like to enlist your help in lessening the occurrences of the misuse of benefits. For example, if you receive a Provider Claim Summary (PCS) for a patient who you did not treat or if your actual fee was lower than that billed to BCBSI, fraud may be involved. We would appreciate your call to the toll-free numbers specified above, if you suspect such may be the case.

Every abuse uncovered and stopped helps control the mounting costs of health care. We appreciate your assistance in ensuring that health care dollars are spent appropriately to serve the needs of our insureds and your patients.

(This report is a service to the physicians of Illinois)
10/12/90

Editorials

Kusserow still has some explaining to do

The recent report on ABC's "Prime Time Live" illustrating the abuses of U.S. Health and Human Services (HHS) Inspector General Richard Kusserow's overly aggressive Medicare fraud probes validates the American Medical Association's (AMA) unprecedented public call for his resignation.

At the very least, the report, introduced as "an investigation of the investigators" and titled "Bounty Hunters," mandates a far better justification of Kusserow's investigatory methods and conclusions than he offered during the broadcast. Moreover, it demonstrates the necessity for a major re-evaluation of his office's priorities and internal procedures.

Few quarrel with the justifiable HHS investigations that have resulted in "thousands of physicians being convicted of fraud and incompetence." But three former state Medicaid regulators interviewed by "Prime Time Live" chief correspondent Chris Wallace agreed that the emphasis of Medicare and Medicaid fraud investigations has shifted in recent years from prosecuting cases of fraud to cases chiefly characterized by billing errors and program violations. The trend now, they said, is one of "technical errors being treated as criminal fraud." Three nagging questions Kusserow left unanswered are: *Why this shift in emphasis? Is it going to continue? And, if so, why?*

Kusserow also owes a more compelling justification for asking the Utah attorney general to seize more than 400 confidential patient records of a Provo psychiatrist, including more than 100 who are private-pay. The contention that a "comparative analysis" of all records is required for an effective prosecution of an alleged Medicare violation is simply unsatisfactory.

And Kusserow needs to explain, if he can, what possessed him to charge on national television that a physician, who three months ago committed suicide after being dropped from Medicare, was a substance abuser when no proof of the charge ever existed. Although Kusserow later recanted the drug abuse charge, he stuck to his characterization that the practitioner was "a bad doctor," despite the fact the physician practiced 32 years in the same community with no complaints nor a single malpractice suit.

Kusserow also still has some explaining to do about tying his staff's pay increases to increased sanctions and fines levied by the inspector general's office. Wallace confronted Kusserow with the performance review of James Patton, the HHS employee with the most power to ban physicians and others from the Medicare program. Kusserow at first denied the existence of language stating that Patton's next pay increase would depend on his increasing sanctions against health care providers by 10 percent, combined with fines totaling at least $12 million.

He later backtracked, saying that particular factor of employee performance reviews had been eliminated. What Kusserow did not mention, however, leaving that task to Wallace, was that Kusserow removed the "bounty" clause only after a judge told him to. Yet Kusserow left still another of Wallace's questions hanging: *Why was the language there in the first place?*

Even if Kusserow successfully resists resignation, he has a major credibility problem on his hands, and no longer just with physicians. In addition to the AMA's action, and lawsuits from several other professional societies, the National Association of Attorneys General has formally protested Kusserow's investigatory methods.

But absent a resignation, Kusserow owes the public and the medical profession a comprehensive explanation of past abuses, and assurances that such incidents will immediately cease. He, or his successor, must understand that neither the public nor the profession will tolerate physician incompetence or Medicare fraud. But neither will they tolerate an investigatory agency that has turned into a governmental bounty hunter. ▲

Illinois Medicine

VOLUME 2, NUMBER 21 **OCTOBER 12, 1990**

Illinois Medicine **is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

Illinois Medicine **Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Ronald G. Welch, M.D.
Fred Z. White, M.D.

Illinois Medicine **Staff**
Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



"I discovered I'm psychic, so we won't need your diagnosis."

President's Column

Universal health plan: promising more than it can deliver?



James H. Andersen, M.D.

Just because the legislature isn't in session doesn't mean the legislative process has stopped. Last week I testified at a hearing in Chicago of the Illinois Senate Committee on Public Health, Welfare and Corrections. This committee, chaired by Sen. Margaret Smith (D-Chicago), is studying the proposal put forward by Illinois Public Action for a statewide universal health plan in Illinois. This was only the opening salvo of the long and probably heated debate over this proposal. It's important that our members understand just how shortsighted – and dangerous – this proposal is, so I want to share with you the gist of my testimony before the committee.

The people of the United States enjoy the best and highest level of health care in the world. No other country and no other system can compare with the quality or the amount of health care that all segments of our population receive on a daily basis.

And contrary to what you might hear and read in the popular press, the United States *does* have a health policy. Our national health policy *is* the federal budget, no more and no less. Witness the recent budget summit and 11th-hour measures to develop a plan to address the federal deficit. When the smoke cleared, physicians and senior citizens found that the health policy on Medicare – the dollar figure on that program – had changed, and seniors would pay higher deductibles. The government's promises to its citizens about health care are all – and always – based on the budget. Everything else is empty rhetoric.

And government – state or federal – promises more than it is prepared to deliver and finance. Every new health care proposal that surfaces, when stripped of its empty promises, is just another pseudonym for health care rationing. More paperwork, less reimbursement and more harassment of physicians is always part of the plan.

In reality, it's physicians who make the current system work, through charity care. Treating people who would otherwise not be able to receive care makes up the shortfall between what the government *promises* and what the government *delivers.* That free care isn't mandated by some bureaucracy in Springfield or Washington; it results from physicians' compassion and commitment to care for their fellow man.

The plan now up for consideration in the 1991 session of the Illinois General Assembly is modeled after the Canadian system. It would abolish Medicare, Medicaid and private insurance and replace them with a one-payer system covering everything from prescription drugs to long-term care, excluding only cosmetic surgery.

Like all plans of this sort, it grossly underestimates both the demand and the cost generated by this program. Estimates range between $16 billion and $162 billion in required new revenues to finance this program adequately. And it tragically overestimates the ability of the bureaucracies to provide proposed services.

There are those who will testify that if physicians would reduce their fees, and accept rock-bottom levels of compensation, the cost would be manageable. This is nonsense. You could eliminate payments to physicians and it still would be underfunded.

Make no mistake about it: This is just another cost-shifting plan in universal health clothing. And what it comes down to is this: To whom will the costs be shifted? ▲

James H. Andersen, M.D.
President

Letters to the Editor

DuPage physicians can do more for prenatal program

Your article concerning the DuPage County Prenatal Program [*Illinois Medicine*, Aug. 17] was of interest to those of us providing maternity services in Kane County. The article noted that less than half of the practices in DuPage County are accepting referrals from the county, only six patients per year would need to be seen if all physicians were to participate equally in the program, and the program is backed by the Perinatal Center at Loyola University.

Just a few miles to the west, in Kane County, we have a similar county-sponsored program. Kane County encompasses three regions, including Elgin, Aurora, and the tri-cities of St. Charles, Geneva and Batavia. Within the entire county, only two obstetricians are currently not accepting referrals, although there is an inequitable distribution of patients among the participating physicians. Also, the Kane County program has no backing or affiliation with a tertiary care center like the DuPage program has with Loyola.

To demonstrate the difference in the counties, my group of five obstetricians last year accepted the referral of 284 patients from the Kane County Health Department, and in addition, delivered 60 patients with no prenatal care. Within the Aurora area, given an equal distribution of patients per physician, approximately 60 referrals would need to be accepted per year per physician to equitably service the indigent population.

I believe it is the unwillingness of physicians to accept these patients that will ultimately necessitate a national health care policy. The obstetricians in DuPage County would be well advised to rethink their reluctance to serve this small number of indigent patients if for no other reason than to protect their own interests. It seems to me that the less physicians are asked to serve in a charitable fashion, the more reluctant they are to serve at all.

Scott W. Donovan, M.D.
Aurora

Patients must accept role in their well-being

I would like to commend you on your "Case in Point" feature of August 17, 1990. However, I disagree with your commentary regarding the breast cancer issue.

Despite calling my patients the week prior to their appointment and reminding them of their scheduled time, I have a significant failure rate. This works out to approximately fifteen failures a week. If I had to reread each chart and send a letter pleading that the patient come back to see me, I would be spending an inordinate amount of time on this task. Besides, the majority of patients would feel as if I was looking for increasing revenues rather than trying to significantly help them.

I feel that your discussions of the malpractice cases are very insightful and have been helpful to me in the past; however, when you are making a suggestion that places all the blame and responsibility for patients' health and well-being on the doctor, you have gone too far. In addition, when you put these suggestions in print it supports the plaintiffs' attorneys' posture on what should be generally accepted medical practice.

Please be advised that your readers live in the real world with realistic demands on our practice and our time.

Greg E. Sharon, M.D.
Moline

ISMS offers intervention training

The ISMS Physician Assistance Committee is sponsoring a workshop to teach physicians how to intervene with medical staff colleagues who have alcohol, substance abuse or psychiatric problems. The workshop is Saturday, November 10, 1990 from 10 a.m. to 4 p.m. at the Hilton Hotel in Springfield.

To register, complete and return the form below to:
Physician Assistance Program, Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, Illinois 60602.

ISMS Physician Assistance Committee Intervention Workshop
Saturday, November 10, 1990

(Please print)

Name _____

Address _____

City _____ State _____ Zip _____

Hospital affiliation _____

Phone ( ) _____

$ _____ Member fee enclosed ($50 members)

$ _____ Nonmember fee enclosed ($75 nonmembers)



Brief Summary.
Consult the package literature for prescribing information.
Indication: Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae, Haemophilus influenzae,* and *Streptococcus pyogenes* (group A β-hemolytic streptococci).
Contraindication: Known allergy to cephalosporins.
Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
• Discontinue Ceclor in the event of allergic reactions to it.
• Prolonged use may result in overgrowth of nonsusceptible organisms.
• Positive direct Coombs' tests have been reported during treatment with cephalosporins.
• Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
• Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
• Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
• Hypersensitivity reactions have been reported in about 1.5% of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of **serum-sickness-like** reactions have been reported with the use of Ceclor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, **serum-sickness-like** reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy; occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.
• Stevens-Johnson syndrome, toxic epidermal necrolysis, and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.
• Gastrointestinal (mostly diarrhea): 2.5%
• Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
• As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
• Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
• Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1% and, rarely, thrombocytopenia and reversible interstitial nephritis.

Abnormalities in laboratory results of uncertain etiology.
• Slight elevations in hepatic enzymes.
• Transient lymphocytosis, leukopenia, and, rarely, hemolytic anemia and reversible neutropenia.
• Rare reports of increased prothrombin time with or without clinical bleeding in patients receiving Ceclor and Coumadin concomitantly.
• Abnormal urinalysis; elevations in BUN or serum creatinine.
• Positive direct Coombs' test.
• False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).

PA 8791 AMP [021490LRI]

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.

Eli Lilly Industries, Inc
Carolina, Puerto Rico 00630
A Subsidiary of Eli Lilly and Company
Indianapolis, Indiana 46285

CR-0525-B-049333 ©1990, ELI LILLY AND COMPANY

Breast examinations require careful record-keeping

by Lisa Kim

THE ILLINOIS STATE Medical Inter-Insurance Exchange OB/GYN Risk Management Subcommittee recently reviewed claims related to failure to diagnose cancer. The majority of the cases involved breast cancer. To prevent these claims, the committee developed suggestions for physicians to follow in documenting breast examinations.

The subcommittee's suggestions are based on a March 1990 breast cancer study by the Physician Insurers Association of America (PIAA), which reviewed 273 paid claims involving delay in diagnosing breast cancer.

According to a PIAA 1988 survey, which prompted the study, diagnosis and treatment of "malignant neoplasm of the breast" was the most expensive and the second most common medical condition leading to malpractice claims.

"We can never emphasize enough [the importance of] careful documentation of breast examination records, because physicians still don't document as much as they should," said M. LeRoy Sprang, M.D., chairman of the Exchange subcommittee. "Any physician treating a woman must be aware of the appropriate management of a breast lump. Whether the mammogram result is positive or negative, a suspicious lump or patient's concern warrants further evaluation."

Alleged delay in diagnosis due to physician

Suspected reason	Frequency	% of 269 cases †
Physical findings failed to impress	147	54.7
Negative mammogram report	96	35.7
Failure to do appropriate biopsy	72	26.8
Repeat exams did not arouse suspicions	66	24.5
Delay in consult, failure to confer	49	18.2
Failure to react to patient history of mass	44	16.4
Failure to order a mammogram	44	16.4
Inadequate physician-to-physician communication	37	13.8
Distracted by other health problems	33	12.3
Mammogram misread	24	8.9
Other	20	7.4
Poor record keeping	18	6.7
Failure to react to mammogram reading	16	5.9
Poor examination by physician	16	5.9
Mammogram suspicious but no palpable mass	11	4.1
No true delay in Dx by M.D., not treatment error	8	3.0
Mammogram filed without physician's knowledge	7	2.6
Not recorded	5	1.9
Not known	4	1.5
Poor mammogram performed	4	1.5
Treatment error, not delay in diagnosis	2	0.7
TOTAL	723*	

* Multiple responses were permitted
† 98.5% of 273 cases were involved
Source: Physician Insurers Association of America, Breast Cancer Study, March 1990

The PIAA study's most striking finding, according to Dr. Sprang, was the average age of the breast cancer patient. Women under 40 made up 40 percent of the claimants and 58 percent of the paid indemnity. The study noted that, while older women have a higher incidence of breast cancer, the majority of claims and a larger proportion of indemnity payments resulted from delayed breast cancer diagnosis in younger women.

"Physicians need to have a higher index of suspicion, especially with younger women. We are used to thinking of breast cancer as a disease that affects older women, so the younger [women] get missed," Dr. Sprang said. "Claims concern cases that physicians normally don't see or expect," he added. "These cases require more time and energy. Every complaint should be fully evaluated, with careful follow-up, even though the case doesn't fit into the norm."

Women under 40 are also more likely to experience false negatives and equivocal mammogram results, the study said. Thirty-five percent of the claimants' mammogram results were negative, while 14 percent had equivocal results. Dr. Sprang said diagnosing a mass is more difficult with women under 40 because they have a higher density of breast tissue.

The study revealed that patients found the lump in 69 percent of all claims, "which should raise a red flag to physicians," Dr. Sprang said. "If a patient brings to the physician's attention a lump or complains of breast tenderness ... listen to the patient, take that complaint extremely seriously. A single exam and a negative mammogram report is not enough. At a minimum, the physician should see the patient a month later until the issue is resolved for the physician and the patient.

"Physicians would be on much safer ground if they automatically get a second opinion by a breast surgeon. Write down that you want them to get a second opinion and in the best of all worlds, make the appointment for the patient."

The subcommittee suggests that all physicians follow the American Cancer Society guidelines on mammo-

Wisconsin

Physicians BE/BC

It's never too late for a new beginning! Dial **1-800-338-0568** and discover "The Right Choice" for your medical practice in beautiful Southern Wisconsin.

Specialties

- Allergy
- Cardiology
- Dermatology
- Emergency Medicine
- Family Practice
- Internal Medicine
- Neurology
- Obstetrics & Gynecology
- Ophthalmology
- Orthopedics
- Otolaryngology
- Psychiatry

The Monroe Clinic associates provide the highest continuum for patient care and you have easy access to peers or specialists for consultation without the distractions of office management.

For an early prescription to a lasting, equitable partnership, please call or send your curriculum vitae to Robert Enterline, Physician Staffing Director, The Monroe Clinic, 1515 Tenth Street, Monroe, Wisconsin 53566.

"equal opportunity employer."

MC The Monroe Clinic

Illinois State Medical Society And Its Component Societies

Presents
"Two Exciting Caribbean Cruise Programs"

Chicago Departure
February 11 - 18, 1991

St. Louis Departure
January 28 - February 4, 1991

from **$949** per person

ss Amerikanis
PORTS OF CALL
San Juan
St. Thomas
Guadeloupe
Barbados
St. Lucia
Antigua
St. Maarten



mv The Victoria
PORTS OF CALL
San Juan
St. Thomas
Martinique
Grenada
Caracas
Curacao

TOUR INCLUDES
Round trip jet transportation * 7 days cruising * 8 meals per day on board ship
Captain's Cocktail Party, Masquerade Ball & Farewell Party and much, much more...

SIGN UP SOON! SPACE IS LIMITED!
Open to members, their families and friends.

FOR ADDITIONAL INFORMATION CALL OR WRITE:

TRANS GLOBAL
8200 Normandale Blvd
Ste 504, Minneapolis, MN 55437
Toll Free: 1-800-328-6264

or

Meeting & Travel Services
Illinois State Medical Society
20 N. Michigan Ave. Ste 700
Chicago, IL 60602
(312) 782-1654 or (800) 782-ISMS

graphy: a baseline mammogram for women at any time between the ages of 35 and 39; annual or biennial for women between the ages of 40 and 50, and annual mammograms after the age of 50. The subcommittee also suggests that physicians urge their patients to perform monthly breast examinations.

"You can never say too much about a good record being a physician's friend, especially concerning breast exams," Dr. Sprang said. To ensure thorough documentation, he recommends quoting the patient's description of the breast lump "and putting it in quotes." He also suggested that physicians draw large, clear illustrations in the notes to document what the physician and patient felt. "The physician's written note may not be enough unless he or she actually makes a drawing of the breast and puts an X right where the patient had a question. This will reveal whether a subsequent lump was truly in the same spot."

Physicians should document a patient's family history and aggressively treat a positive family history, according to the breast cancer study. The study noted that while family histories of breast cancer made "no significant difference in claim frequency or in average indemnity payments, 37 percent of the claimants reported unknown family histories. This seems to indicate an inadequate regard for obtaining the family history of breast cancer." Finally, the subcommittee said that physicians should treat breast lumps in pregnant women with the same suspicions and follow-up treatment.

For copies of the breast cancer study, write the Illinois State Medical Inter-Insurance Exchange Risk Management Department, 20 N. Michigan Ave., Suite 700, Chicago, Ill. 60602. ▲

Breast cancer cases: presenting symptoms

Symptom	Frequency	% of 257 known cases
Mass with no pain/tenderness	144	56.0
Pain/tenderness	70	27.2
Other	21	8.2
No symptoms	17	6.6
Not known	5	2.0
No response	16	N/A
TOTAL	273	100.0

Source: Physician Insurers Association of America, Breast Cancer Study, March 1990

Her anxiolytic is working—but she's alert, functioning, and at no risk of a benzodiazepine withdrawal syndrome when therapy ends.



That's **Efficacy!**

BuSpar relieves anxiety and returns your patient to normal activity

...with no more sedation (10%) than induced by placebo (9%)[1]
...without inducing significant cognitive[2] or functional impairment*
...without producing a benzodiazepine withdrawal syndrome[3] upon discontinuation

Effective choice for anxiety

BuSpar®
Tablets, 5 mg and 10 mg
(buspirone HCl)



for a different kind of calm

*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

© 1988, Bristol-Myers Company, Evansville, Indiana 47721, U.S.A. MJL8-4237R2

BuSpar®(buspirone HCl)

References: 1. Newton RE, *et al*: A review of the side effect profile of buspirone. *Am J Med* 1986;80(3B):17-21 **2.** Lucki I, *et al*: Differential effects of the anxiolytic drugs diazepam and buspirone, on memory function. *Br J Clin Pharmacol* 1987;23:207-211 **3.** Lader M: Assessing the potential for buspirone dependence or abuse and effects of its withdrawal. *Am J Med* 1987;82(5A):20-26

Contraindications: Hypersensitivity to buspirone hydrochloride.
Warnings: The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment
Precautions: ***General***—*Interference with cognitive and motor performance:* Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol.
Potential for withdrawal reactions in sedative/hypnotic/anxiolytic drug dependent patients: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdraw patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures.
Possible concerns related to buspirone's binding to dopamine receptors: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (eg, dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported; the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (ie, represent akathisia).
Information for Patients—Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding; and not to drive a car or operate potentially dangerous machinery until they experience how this medication affects them.
Drug Interactions—Concomitant use with other CNS active drugs should be approached with caution (see **Warnings**). Concomitant use with trazodone may have caused 3- to 6-fold elevations on SGPT (ALT) in a few patients. Concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations in normal volunteers. The clinical significance is not clear. Buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins, but may displace less firmly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin, phenytoin, phenobarbital, digoxin, and Synthroid.
Carcinogenesis, Mutagenesis, Impairment of Fertility—No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur.
Pregnancy: Teratogenic Effects—Pregnancy Category B: Should be used during pregnancy only if clearly needed.
Nursing Mothers—Administration to nursing women should be avoided if clinically possible.
Pediatric Use—The safety and effectiveness have not been determined in individuals below 18 years of age.
Use in the Elderly—No unusual, adverse, age-related phenomena have been identified in elderly patients receiving a total, modal daily dose of 15 mg.
Use in Patients with Impaired Hepatic or Renal Function—Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment.
Adverse Reactions (See also Precautions): ***Commonly Observed***—The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients, include dizziness, nausea, headache, nervousness, lightheadedness, and excitement.
Associated with Discontinuation of Treatment—The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling; gastrointestinal disturbances (1.2%), primarily nausea; miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary.
Incidence in Controlled Clinical Trials—Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: *Cardiovascular:* Tachycardia/palpitations 1%. *CNS:* Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%. *EENT:* Blurred vision 2%. *Gastrointestinal:* Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%. *Musculoskeletal:* Musculoskeletal aches/pains 1%. *Neurological:* Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%. *Skin:* Skin rash 1%. *Miscellaneous:* Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%.
Other Events Observed During the Entire Premarketing Evaluation—The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses of the drug under well-controlled, open, and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. *Cardiovascular*—frequent: nonspecific chest pain; infrequent: syncope, hypotension, hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. *Central Nervous System*—frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, fearfulness, loss of interest, dissociative reaction, hallucinations, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. *EENT*—frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. *Endocrine*—rare: galactorrhea, thyroid abnormality. *Gastrointestinal*—infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. *Genitourinary*—infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. *Musculoskeletal*—infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias. *Neurological*—infrequent: involuntary movements, slowed reaction time; rare: muscle weakness. *Respiratory*—infrequent: hyperventilation, shortness of breath, chest congestion; rare: epistaxis. *Sexual Function*—infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. *Skin*—infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. *Clinical Laboratory*—infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. *Miscellaneous*—infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, hiccoughs.
Postintroduction Clinical Experience—Rare occurrences of allergic reactions, cogwheel rigidity, dystonic reactions, ecchymosis, emotional lability, tunnel vision, and urinary retention have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar has not been determined.
Drug Abuse and Dependence: ***Controlled Substance Class***—Not a controlled substance.
Physical and Psychological Dependence—Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (eg, development of tolerance, incrementation of dose, drug-seeking behavior).
Overdosage: ***Signs and Symptoms***—At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. No deaths have been reported in humans either with deliberate or accidental overdosage.
Recommended Overdose Treatment—General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.
For complete details, see Prescribing Information or consult your Mead Johnson Pharmaceuticals Representative.
U.S. Patent Nos. 3,717,634 and 4,182,763

Mead Johnson PHARMACEUTICALS
A Bristol-Myers Company
Evansville, Indiana 47721

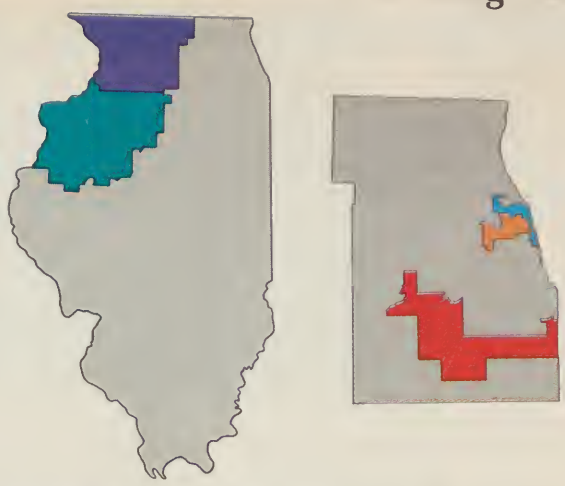


Illinois Medicine's *analysis of the increasingly competitive U.S. Senate race between Sen. Paul Simon and Rep. Lynn Martin, and selected U.S. House races, begins this issue's pre-election coverage.*

Two outspoken contenders are vying for Martin's seat in the 16th Congressional District. In the 4th District, Democrat Rep. George Sangmeister, a one-term incumbent who won his seat by only 1,039 votes, is battling Homewood Village President Manny Hoffman. For the first time in many years, Democrat Rep. Frank Annunzio faces a strong challenge from State Sen. Walter Dudycz in the 11th District.

Another interesting race from Illinois physicians' perspective is the contest between Democrat Rep. Lane Evans and challenger Dan Lee in the 17th District, while perennial standby Herbert Sohn, M.D., is challenging veteran 9th District Rep. Sidney Yates for the fourth time.

U.S. Congressional Districts



Color bars above candidate responses correspond to the congressional districts shown at left. Map at near left is northeastern Illinois.



U.S. Senate
Lynn Martin – Republican

Maintaining the sanctity of physician/patient relationships tops Lynn Martin's health care agenda. "Health care ultimately *is* the patient and the doctor," said Illinois' representative from the 16th Congressional District. "We need to focus on maintain[ing] that one-to-one relationship without government destroying it, and at the same time getting access to [health care] for everyone."

Martin advocates tax credits for health care expenses. "We want people to have insurance," she said. "There must be ways for people on the brink – the very poor – to get care. ... There is nothing more frightening in this world than wondering how you're going to pay for health care for your child, or how you're going to pay for care for an elderly parent or grandparent."

Too much government intervention, however, would diminish the unique physician/patient relationship enjoyed in the United States, Martin said. "Most Americans have choice – the patient has a choice in picking a doctor, they have choices about what kind of insurance they have, they have choices about what treatments they receive. [This choice] is quintessentially American."

Calling it "a euphemism for socialized medicine," Martin said she could not support universal health care because it could lead to decreased quality of care and rationing of services. "Our system must change, but we must keep in place the 'he's my doctor, she's my doctor' feelings patients have for their physicians. ... In too many other systems, that trust disappears," Martin said.

This theme also spills over into the medical malpractice arena, Martin said. While consistently happy endings associated with the " 'Marcus Welby' syndrome had charm," she said patients need to be better educated about medicine's limitations. In the meantime, she favors caps on non-economic damages to meet skyrocketing health care costs "head on." Liability costs are the fastest growing segment of health expenses, accounting for $25 billion annually, or 5 percent of the nation's health bills, Martin added.

"In our litigious society, if health care is based on court costs, no one wins, except maybe a few trial attorneys," Martin said. "When the system itself can subvert good health care, then the system needs adjustment and that's where we are now. A lot of rich trial lawyers and very few physicians does not make a healthy America."

Martin said there is a "perception among physicians that the Medicare program is administered by arbitrary policies," adding she plans to work to restore physician confidence in the system. She is a co-sponsor of legislation to eliminate some of the unnecessary regulatory hassles and establish a physician advisory group to review Medicare Part B policies and requirements.

With the new Medicare physician payment system set to go into effect in 1992, she expects questions and problems to arise as the system is phased in. "It is critical that the new payment system be implemented in a manner that is equitable to both physicians and patients," Martin said.



U.S. Senate
Paul Simon (I) – Democrat

Only two industrialized nations – the United States and South Africa – lack programs to ensure long-term care for "our parents and grandparents," said Sen. Paul Simon. "This is a problem that's going to explode on us," said the one-term incumbent. "Our population is getting older, and part of that is good news. But the bad news is we have not provided for those who face the need for long-term care." He said he will push for legislation to address the problem and supports extending Medicare coverage to help pay for this void in health care delivery.

Simon is worried, though, that ongoing budget talks in Washington could jeopardize current Medicare funding levels as well as any increases in coverage. "I have led the fight on the Senate side to scale back drastic cuts," Simon said. "But the budget summit is meeting now and [Medicare] is under consideration again. I don't know what will happen, [but] it's definitely an issue that must be addressed."

The other pressing health issue the nation must address is the increasing number of uninsured and underinsured Americans, Simon said. "There are 31 million Americans with no health care coverage whatsoever, and about 70 million who are underinsured," he noted. "If you ask just about anyone, they can tell you if they have insurance or not, but most people don't know how much coverage they have. And [that] is happening with increasing frequency, [their coverage] is just not adequate. They're getting caught short."

Saying the country is headed toward some sort of universal health delivery system, Simon envisions a system that meshes public and private resources. "We should get the health care providers – physicians, nurses, hospital administrators and so forth – together with consumers and ask how we can construct a good, solid program," he said.

Simon also advocates increased funding for health research. "One area that is particularly low in funding is mental health research," he said. "And the answer why is fairly obvious. If I have leukemia, my family and friends stand up and say, 'Let's do something about [the disease],' as we should. But if I or someone in my family has a mental illness, we're not as likely to ask for help. There's a stigma, and we are much less likely to stand up."

Lobbying for AIDS research funding also is one of Simon's priorities. "Anything that can practically be done to be of assistance ought to be done. Even from a pure dollars and cents point of view, the more tragedy this country sees from AIDS, the greater the cost to the government and our society."

Regional trauma centers across the nation, especially in Illinois, also "need to be more adequately supported," said Simon. "We haven't answered how involved the federal government will be in regional trauma networks," he noted. "The trauma centers are very costly for the hospitals that have them. I hope we [at the federal level] can give more help."



4th Congressional District
Manny Hoffman – Republican

Manny Hoffman, an insurance agent for 27 years, said his background affords him an understanding of problems within the medical community. "I've organized a 4th District medical coalition," he said, "which briefs me on problems ranging from medical student funding, national health care and the elderly, to preventive medicine and tort liability.

"In America, we need a basic plan to help with preventive medicine for people who are uninsured, so that they can have preventive medicine rather than finding out at the last minute they need major surgery." He does not think a Canadian-style health system is the answer. "We find too many doctors leaving Canada and Europe because they don't like these plans," he said. Hoffman also supports caps on non-economic damage awards. "We need a cap, because the consumer ends up paying."

Hoffman is betting his strong constituency base in Homewood – which he estimates comprises 47 percent of the 4th District vote total – positions him well to beat Sangmeister. "The district has a Republican history," he adds, which should work to his advantage. He also cites a strong anti-incumbent sentiment. "As I go around the district, I hear one call – to get the incumbents out of office and to bring in fresh faces."



4th Congressional District
George E. Sangmeister (I) – Democrat

In a political career spanning 25 years, George E. Sangmeister served 11 years as an Illinois state senator, where he chaired the Judiciary and Executive committees. In 1986, he campaigned to be Adlai Stevenson's lieutenant governor, but lost in the primary to a follower of gadfly presidential candidate Lyndon LaRouche. In 1988, he ran successfully for his House seat.

Sangmeister, an attorney with membership in the Illinois Trial Lawyers Association, also serves on the Silver Cross Hospital Foundation board. On the medical malpractice issue, Sangmeister said, "I think a cap needs to be looked at," but doubts its constitutionality. "I don't know how you can constitutionally put a cap on doctors' (malpractice awards), when for other professions there are no caps."

He predicts that in the next Congress health insurance "will be studied carefully in an attempt to put together a one-payment type of program. I believe the cost of that is going to have to be shared by individuals, government and business. No one of these three elements can sustain it themselves."



9th Congressional District
Herbert Sohn, M.D. – Republican

For the fourth time, Chicagoan Herbert Sohn, M.D., is mounting a challenge to Democrat Sidney R. Yates, a 20-term incumbent first elected in 1948.

An eternal optimist, Dr. Sohn believes this time he can win. He cites the bitter primary fight between Yates and Chicago Ald. Edwin Eisendrath, in which Eisendrath garnered 28 percent of the vote. "If I can get 16 percent of Eisendrath's vote, I can win," said Dr. Sohn, who ran for mayor in 1989. "There's a good opportunity, I now have good name recognition," he argued.

The 9th District, encompassing Chicago's northside lakefront all the way to Evanston, is mostly Democratic. Its large senior citizen constituency has supported Yates consistently over the course of his congressional career.

Dr. Sohn also holds a law degree, and he believes this dual training has prepared him well for congressional office. He supports medical malpractice reform, including a $250,000 cap on non-economic damage awards, and served on the American Medical Association's Risk Management Subspecialty Committee that developed an alternative fault-based program to replace courtroom litigation. Dr. Sohn said he opposes national health insurance, because "right now, (the government) can't even afford what (it's) doing. Health care is a priority," he added, "and money should be available to help those who do not have insurance."

Despite his unceasing political ambitions, Dr. Sohn said his practice has not suffered. "I still see patients," said the 30-year-practicing urologist on the medical staff at Weiss Hospital, and claimed his political exposure has actually brought him new patients. Medicine seems as good a fallback as any for Dr. Sohn, even as he again tries to prove the pollsters wrong.



9th Congressional District
Sidney R. Yates (I) – Democrat

U.S. Rep. Sidney R. Yates provided the following statement: "During my years in Congress, I have been an enthusiastic supporter of an active role by the federal government in health education and research, the provision of preventive health services and the financing of health care services through the Medicare and Medicaid programs. I can think of no federal expenditure that is more important to our people than that portion of the budget that goes to health programs. The failure of recent administrations to support progressive health policies is most regrettable, but we must continue to work for programs and policies that will enhance the basic health standards of the country."



11th Congressional District
Walter W. Dudycz – Republican

Walter W. Dudycz is best known as chief spokesman and organizer for those who opposed a "walk-on" exhibit of the American flag at the School of the Art Institute of Chicago in 1989. First elected to the Illinois Senate in 1983, he has supported medical malpractice reform, and said "caps on non-economic damage awards are a necessity."

He opposes national health insurance, calling it "socialized medicine ... extremism in an extreme form." He has earned the enmity of the Illinois State Council of Senior Citizens' Organizations, a self-styled consumer group, which publicly denounced him for failing to support mandatory Medicare assignment, and for stands on other health issues. That doesn't bother Dudycz. "I'm on the board of Our Lady of the Resurrection Medical Center and I see some of the problems the medical profession faces in a very unique, involved perspective."



11th Congressional District
Frank Annunzio (I) – Democrat

Frank Annunzio, first elected to Congress in 1964, is proud of his advocacy on behalf of senior citizens. He is particularly proud of his sponsorship and support of the legislation establishing the Medicare program 25 years ago. According to the National Council of Senior Citizens, which this year presented him with a Certificate of Merit commemorating his role in passing the legislation, Annunzio is one of only 26 sitting members of Congress who voted to establish the Medicare program.

His support for issues affecting senior citizens led to his co-sponsorship and strong support of H.B. 4253, the Comprehensive Health Care for All Americans Act. The legislation would establish a national health insurance plan. "A recent study done by the House Committee on Aging documents that the elderly, as well as any other group of people with relatively fixed incomes and substantial care costs, have a problem now and are likely to have a bigger problem in the future," Annunzio recently said in a speech on the House floor. "This is legislation that is needed. ... It is time we take care of the health needs of all Americans, especially the elderly."



16th Congressional District – OPEN SEAT
John W. Hallock Jr. – Republican

Republican candidate John W. Hallock Jr., a state representative whose family has lived in the area since 1836, said he "has the necessary experience to assure that our district gets its fair share of federal funds and programs." He has served in the Illinois General Assembly for 12 years, including eight of those in House leadership roles.

Hallock's philosophy is one of limited government. He opposes national health insurance because "the costs would be prohibitive. People would lose their decision-making powers as to their personal choice of physician."

He favors capping medical malpractice non-economic damage awards. "The cost (of malpractice insurance) has grown dramatically in recent years. That cost could be contained if we were to pass caps."

On the subject of health care competition, Hallock asserted that, "While there have been efforts to cap hospital rate structures, I believe a better alternative is fostering competition among hospitals and letting consumers decide what hospital services they want to use."



16th Congressional District – OPEN SEAT
John W. Cox Jr. – Democrat

Democrat John W. Cox Jr., a former state's attorney for Jo Daviess County who currently practices law in Galena, won a four-way primary last March.

"I'm extremely frustrated with the way things have been going in Washington," he said when asked why he is running. "We need to send some people to Washington who are going to deal with the issues." The Cox campaign has developed elaborate position papers on health issues, highlighting such topics as the uninsured and long-term care.

While not ruling out a national health insurance program in the future, Cox said he prefers "the federal government to provide a mandate for employers to provide health insurance." Acknowledging that such a plan "bothers" employers, he added they are "already paying extra premiums because hospitals and doctors are charging extra to take care of those who don't have insurance. If you honestly evaluate what's going on, and would rather not have national health insurance, then my proposal is a reasonable compromise," he said.

Cox does not support a cap on medical malpractice awards. "I'm a practicing attorney; I really believe in the jury system." But he added that he "totally supports the procedure in Illinois to review cases before they're filed."

Cox summed up his public policy views, saying, "My commitment is to find solutions that are as fair as possible to the general population, without requiring any sector to pay an inordinate share."



17th Congressional District
Dan Lee – Republican

Republican candidate Dan Lee believes there is no such thing as a free lunch, and therefore a universal health care system would be unworkable in this country. He said such a system, like Canada's, leads to long waits for care and the unavailability of some treatments. "[It] works quite well if one experiences a broken leg or appendicitis," he said. "It's a different story if one suffers from arthritis and needs a hip replaced, or if one is over 65 and experiences kidney failure."

Instead, the Rock Island resident advocates a national voucher system. "Rationing health care – that is, having a government agency decide who gets treated and who does not – is inevitable if we hand control of our health care system over to the government," Lee said. "I, for one, don't want some government committee deciding whether I get treated, should I become ill or otherwise incapacitated."

A revenue pool would be established with specific funds earmarked for each citizen's health needs. Although he is not "locked into any specific" way to fund the pool, he would support a national sales tax for health insurance, provided it is not levied on food or medicine. He also proposes that the government purchase backup insurance from private companies for those who do not participate in the voucher system. He stresses the funding should not come from payroll taxes. "We already have enough coming out of each paycheck," said the Augustana College ethics professor.

Funds for the pool also could be raised through an import tax on cars manufactured outside the United States, Lee said. "If we can combine better access to care with increasing the competitiveness of U.S. producers, we'll be winners in many ways."

17th Congressional District
Lane A. Evans (I) Democrat

Rep. Evans declined to be interviewed for this report. ▲

This report was compiled by Suzanne W. Nelson and Tamara Strom.

*Pre-election coverage of **Illinois Statehouse** races continues with analysis of seven House contests of particular interest to Illinois physicians. Districts 52 and 110 are rematches that are considered very competitive. Democrat Geoffrey Obrzut is mounting his third challenge to incumbent Republican Linda Williamson in the 52nd District. In 1988, incumbent Republican Ron Stephens beat challenger Jay C. Hoffman 51.8 percent to 48.2 percent in the 110th District. The 98th District is also the site of a hotly contested race, with incumbent Democrat Gary Hannig facing the first real challenge of his political career from Republican Kay Long.*

Districts 96 and 102 boast incumbents appointed during the last session and who are thus running for election for the first time. The 55th District is notable because the Republican candidate was not known until Sept. 21, when the Illinois Supreme Court declared incumbent Penny Pullen the winner over challenger Rosemary Mulligan in a contested primary result. Finally, the 58th District features a challenge by the spouse of a physician.



52nd House District
Linda Williamson (I) – Republican

A full-time legislator for the past six years, Linda Williamson looks to her constituents to help pinpoint the "hot issues" in her district. Results from a recent questionnaire she sent to area residents told Williamson that seniors in her area are worried about health insurance, nursing home care and the availability of high-quality health care.

Williamson said these concerns are tied to the high cost of private insurance for individuals and physicians' malpractice premiums. "Too many people institute frivolous lawsuits against the medical profession, and although the doctors have to pay such high premiums, it's the consumers who get caught in the middle." She thinks patients would bring fewer suits if they were forced to pay court costs and attorney fees the physicians incur if the case is dismissed. She said she would "support legislation to this effect."

"Where are the dollars going to come from?" Williamson responded when queried about supporting a universal health care system. A tax increase would be necessary, she noted, and if her constituents will not support a hike to pay for such a system, neither will she.

She said she does not support the independent practice of most allied health professionals, but said one option would include physician supervision. "There are reasons a doctor has the title and license to practice," she said. "Why would someone go on to become a doctor if they could go through less training and still become a practitioner?"

52nd House District
Geoffrey S. Obrzut – Democrat

Candidate Obrzut did not respond to numerous requests for an interview.



55th House District
Penny Pullen (I) – Republican

Declared by the Illinois Supreme Court the Republican primary winner by six votes, 14-year incumbent Penny Pullen says there are so many health care issues to address in Illinois that "listing one is difficult." One priority, she said, is more creative solutions to the problem of rural health care access.

"A more vigorous response to the HIV issue" is another top concern. Government's education efforts aimed at effecting behavioral changes are "headed in the wrong direction," she said. "Public health should be using tried and true public health measures for dealing with communicable diseases," such as early diagnosis, confidential reporting of carriers and a "vigorous, respectful, partner notification program." She said confidentiality could be guaranteed as "over 40 years of public health experience with syphilis has shown."

Pullen supports caps on non-economic damage awards, saying they would stabilize insurance rates and discourage frivolous litigation. "In the current climate, the attitude is to go for the sky," she said.

Pullen opposes the independent practice of most allied health professionals, and said that although "they are valuable in their traditional roles, I would be concerned about the quality of care delivered to a public that is looking to cut costs, but finds their penny-wiseness has been pound-foolish."



55th House District
Robert R. Mucci – Democrat

A six-year veteran in the Cook County Public Defender's office, Robert R. Mucci said Illinois' No. 1 health priority is providing quality health care services for the state's increasing elderly population. Most older adults are no longer employed by corporations that provide them group insurance coverage, he said. Therefore, many older residents "simply cannot afford a good private supplemental policy." He advocates sufficient Medicare and Medicaid funding, in addition to supplemental policies from the private sector.

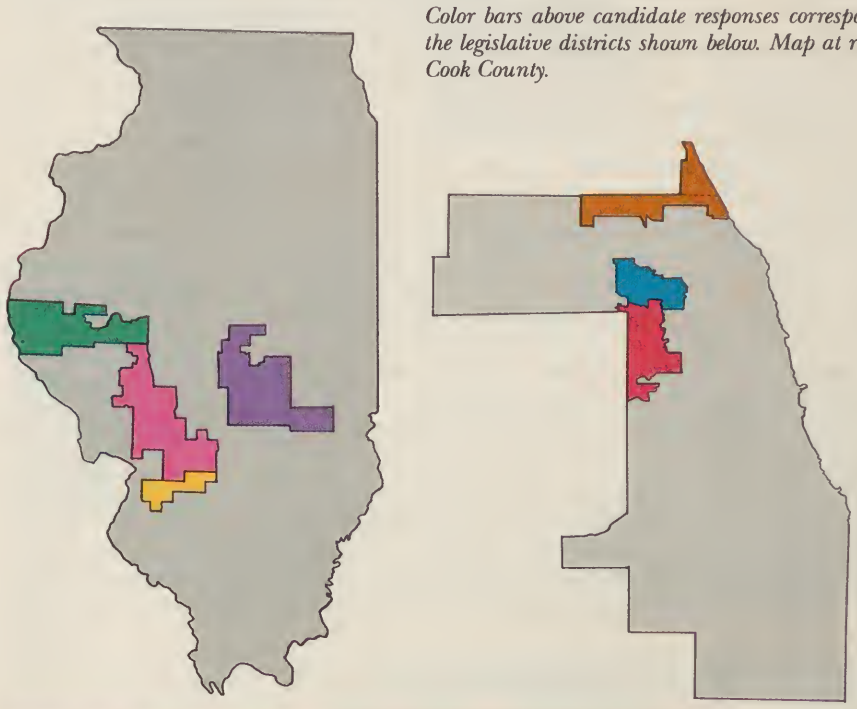
While supporting more Medicaid and Medicare funding, Mucci said he does not support a universal health care system. "The tax burden would not be equally distributed in a universal system," he said, adding that operating such a system would create an "enormous drain requiring additional taxes."

Mucci said establishing caps on non-economic damages requires a qualitative judgment about what constitutes a fair amount for the cap that is "too subjective. Caps wouldn't do justice to the people who were victimized [because they] circumvent the principles of the legal system in regard to the determining of damages under the law. Juries would not be able to weigh the damages because of the caps, regardless of the merits of the claim."

Mucci supports the right of an individual to deny life support, provided the patient has executed a living will. He said family members could make a determination for a person in a coma, but he is worried about the potential for abuse. He said he would consider a statutory minimum for maintaining life-support systems so a patient would have "a reasonable chance of reversal."

Illinois House Districts

Color bars above candidate responses correspond to the legislative districts shown below. Map at right is Cook County.





58th House District
Deloris S. Axelrod – Republican

Part of the reason Lake County Commissioner Deloris S. Axelrod is running for the legislature is that her husband is a physician. "I think a lot of what happens in Springfield is done in a vacuum without understanding [that] medicine [is] an art and a science ... as well as a business," she said. "When government starts telling us what Medicare will and won't pay [for], you start practicing cookbook medicine, which is to no one's benefit."

Other issues, too, have been addressed "without an inkling of the course of medical procedures," Axelrod said. An example is Springfield's refusal to set caps on damage awards in malpractice cases, she said. "Caps for non-economic damages would limit spurious lawsuits."

She said there is "no way" to adequately compensate for a bad outcome, but society historically has held physicians accountable "beyond reasonable limits of responsibility." She quickly added, however, that this unfair standard of accountability "does not mean victims should not be compensated." Rather, she said, she advocates more fairness in the system.

If allied health professionals were held to the same standards of responsibility as physicians, Axelrod said she could support their efforts for independent practice. But because they "do not receive the same training, nor is their responsibility the same," she said allied health practitioners must only deliver care under physician supervision. She advocates expansion of current allied health programs, such as traveling blood pressure screenings, to include more care-giving, provided it is in close consultation with physicians.



58th House District
Grace Mary Stern (I) – Democrat

First elected to the Statehouse in 1984, Rep. Grace Mary Stern's health care priority is to "provide health care for everyone." Because of high costs for providing care to all Illinois residents, Stern calls for more emphasis on prevention "to take care of health problems before they occur, as well as limiting costs down the road." She said the legislature is beginning to address preventive issues, but at a "ponderous pace," and the process needs "speeding up."

Stern believes the country is headed toward some form of universal health care system, but she doesn't think "it will happen immediately." She said she is looking for "a lot of research and comparative analyses" of the different systems. "This is not going to be an easy structure to create," she said, "especially in a government that responds instead of anticipates."

Although she voted for the successful tort reform bill of 1985, she does not support caps on non-economic damage awards. "I believe that every case is different," Stern said. "I support, in general, the ability of the judicial system to make honest and fair settlements. I recognize that there are some outlandish [awards] made, and I regret that very much, because it tarnishes the whole system. But some caps would be unfair."

Stern's efforts to repeal the premarital AIDS testing law were rewarded when the House voted to overturn the mandatory screening. This law, she said, "was ineffective, expensive and counterproductive. In the population that gets marriage licenses, you don't find many individuals with AIDS. As a result, people were going to Indiana, Iowa and Wisconsin to get married and we lost a good opportunity to check on the health of those getting married."



96th House District
Art Tenhouse (I) – Republican

Rising insurance and health care costs are making life miserable for Illinois citizens and physicians, according to Rep. Art Tenhouse.

Malpractice caps for non-economic damages should be placed on all professions, Tenhouse said. "We've just reached the point in litigation where everyone thinks they're going to gain the motherlode. ... Any time we have these [large] settlements they cost us all, if we just had sense to realize it."

Tenhouse, of Liberty, opposes the creation of a state-run universal health care program. "We've proven how inefficient federal and state government is in administering programs," he said. "I have a real problem when we start talking about using it to administer state health programs."

Tenhouse opposes the independent practice of most allied health professionals. He would, however, support physician oversight of nurses under the right circumstances. He supports the right of patients to deny life-sustaining medical treatment as long as they can make the decision themselves. He is, however, uncertain about the right to withdraw nutrition and hydration.

"There have to be some safeguards in terms of being able to [withdraw medical treatment] without input from the medical profession as far as the prognosis of the individual," he said.



96th House District
Verne Hagstrom – Democrat

Quincy Mayor Verne Hagstrom lists AIDS, affordable health care for poor families, death with dignity and Medicaid reimbursement as the most pressing health care problems facing Illinois residents. He opposes universal health care and believes caps are necessary on non-economic damage awards in malpractice cases. "It's gotten way out of hand," Hagstrom said, adding that a standard payment would be more stable than a jury verdict on damages.

Hagstrom opposes the independent practice of most allied health professionals because he said they lack physician training. He also opposes the right of allied health professionals to prescribe drugs because, "You have to be a doctor to prescribe medicine."

Hagstrom supports the right of patients to deny life-sustaining medical treatment if there is no chance the patient will survive. He also believes that withdrawing nutrition and hydration should be allowed if the family and physician agree on the decision.



98th House District
Kay Long – Republican

Skyrocketing medical costs are a big concern to Kay Long. She said a litigious society, where some people take advantage of medicine, has helped to accelerate medical costs.

"I was reared in an insurance family, and ... when you are brought up in an insurance household and you find individuals who all they think is sue, sue, sue, that galls me," said Long, a Carlinville resident. She believes guidelines should be set for monetary awards in malpractice claims.

While acknowledging she is not yet conversant on the universal health care issue, Long said she opposes any tax increases, and any impediments to receiving quality care. "I really don't think we are getting the quality care that people deserve," she said. "And when you have to go to a designated physician, rather than one of free choice, I don't like that." She also opposes the independent practice of most allied health professionals.

Long said she would have to study further a patient's right to forgo life-sustaining medical treatment and withdrawal of nutrition and hydration. Nevertheless, she said, "As human beings, if we ... do not want to be kept alive on life support, I think we should have that choice."



98th House District
Gary Hannig (I) – Democrat

Rep. Gary Hannig, of Benld, said lack of available health care is the most pressing health issue facing his district. He said elected officials must make a financial commitment to physicians and hospitals, must shorten the turnaround time for public-aid reimbursement and must support scholarship programs for physicians who agree to practice in rural areas.

"As technology has advanced, it has ... [solved] more of our problems," Hannig said. "But we have also seen the question of access to health care work against us. So in some ways, we may have actually gone backward."

Hannig believes Illinois residents must have access to quality health care, but he opposes increasing taxes to fund a universal health care system. He said money must be found in existing budgets before taxes are increased.

The high cost of malpractice insurance is preventing some physicians from practicing in rural areas, Hannig said. He said a limit on non-economic damage awards would lower insurance rates and encourage more physicians to practice in rural areas.

Hannig said other people should not be responsible for determining when to end a patient's life, and he added, "Society and the medical profession need to make a commitment to preserving life whenever possible."



102nd House District
Duane Noland (I) – Republican

Rep. Duane Noland began his political career in April, succeeding Mike Tate as 102nd District state representative. He said health care funding is a pressing concern, and that state governments are continually faced with the problem of funding such items as public aid reimbursement.

"There's a segment of society whose health needs are not being served," Noland said. "If [physicians] provide a service, there has to be some way to pay for it. Taxes are never a popular issue; people want proper health care, but [they] want someone else to pay for it."

He supports caps on non-economic damage awards in malpractice cases. "We have to come to grips with who's paying the freight here," he said.

Noland, of Blue Mound, said he needs to study further the issue of universal health care, but he added that the public would be intolerant of such a system if it meant long waits for certain services. Noland said he also needs more information on independent practice for allied health professionals, but he feels that quality of care should not be compromised in areas where physician shortages exist.



102nd House District
Don Dipper – Democrat

Don Dipper, of Decatur, said the availability of physicians in rural communities is the most pressing health issue facing Illinois voters. More health care facilities would be one way to address the problem, he said.

Dipper said he needs more information about a universal health care system before endorsing any proposals. Nevertheless, he said, he would be less likely to support a universal health care system if it meant reduced access to some medical services.

Dipper declined to take a position on malpractice caps, and said he is hesitant to support independent practice for most allied health professionals. He might, however, support independent practice with limited physician supervision.

Dipper supports death with dignity for terminally ill patients, but he opposes the withdrawal of nutrition and hydration. "I think that's a moral issue," Dipper said. "And I'm not sure you can legislate moral issues."



110th House District
Ron Stephens (I) – Republican

Thirty percent to 40 percent of the people in the 110th District cannot afford health insurance, said Rep. Ron Stephens. He said the availability of rural health care is diminishing, as evidenced by hospital closures in small towns. Stephens supports emphasizing preventive medicine and offering no-frills health insurance policies as two measures to address these problems.

Creation of a state-run universal health care system "runs counter to everything I believe in," Stephens said. "Without a doubt, [it] is a bad solution. It would make the problem of getting proper health care delivered to all individuals more difficult than it is under current circumstances."

Stephens, of Troy, said he has always supported caps on non-economic damages in malpractice cases. He said that while injured people should not suffer economically, they should not be the beneficiaries of "a Lotto grand prize." Caps will decrease the viability of lawsuits, he said, adding the unpredictability of jury awards for punitive damages is fueling the high cost of malpractice premiums.

Stephens opposes independent practice for most allied health professionals, but believes a system could be established where physicians provide backup for allied health professionals in a clinic environment. He said that terminally ill patients should be given nutrition and hydration, and he opposes prolonging a terminally ill patient's life so that the individual's organs could be saved for transplants.



110th House District
Jay C. Hoffman – Democrat

Jay C. Hoffman is concerned about attracting more physicians to medically underserved rural areas and feels incentives, such as scholarship programs, are necessary to attract medical students to these areas.

Hoffman is undecided on universal health care. Nevertheless, he said, "If the proper proposal came forward that would still ensure that the best and brightest students became health care professionals providing quality care for everyone, one would be hard-pressed to vote against it."

Hoffman advocates in-home health care, and supports the work of the Visiting Nurses Association. He opposes a cap on non-economic damage awards in malpractice cases.

Hoffman, of Collinsville, supports the right to have a living will, and believes family members must respect the patient's rights and the physician's advice when deciding on forgoing life-sustaining procedures. He is unsure, however, whether withdrawal of nutrition and hydration should be allowed. ▲

This report was compiled by Tamara Strom and Sean McMahan.

Board Briefs

The Illinois State Medical Society (ISMS) board of trustees met Sept. 15 at the ISMS Conference Center. Following are highlights of the board's actions:

ISMS hosts specialty and ethnic medical societies

The board will host specialty and ethnic medical society presidents at an ISMS Invitational Forum Nov. 16 at the Hyatt Regency Oak Brook. A new ISMS Committee on Health Care Access, chaired by George T. Mitchell, M.D., from Marshall, will evaluate Illinois health care needs and develop specific proposals to address access issues in rural, suburban and urban areas. The committee will build coalitions with organizations such as the Illinois Farm Bureau.

Delegates to receive report on health care costs

ISMS will distribute a new report on health care costs to House of Delegates members and county medical society presidents. This report was developed as a result of a 1990 ISMS annual meeting resolution that requested information about health care costs, so that physicians' fees could be put into perspective.

1990 Illinois residency match

Residencies across the board in Illinois were not affected by the 24-month requirement for permanent licensure. This was the finding of research conducted by the ISMS Council on Education and Manpower on the 1990 National Resident Matching Program – March 1990. There were fewer filled family practice residencies, which will probably adversely affect the number of new primary care physicians who will locate in Illinois, the council found.

ISMS to continue congressional contact on AMA concerns

ISMS will continue to contact members of the Illinois congressional delegation whose committee assignments have jurisdiction on key AMA issues. A cornerstone of the ISMS federal legislative efforts will continue to be the careful selection of opportunities where the support of key Illinois congressmen may achieve maximum support on important medical issues.

Medical student loan fund allocation $174,000

The ISMS Student Loan Fund will provide $174,000 for student loans to eight Illinois medical schools for the 1990-91 academic year. Since 1983, the fund has issued $686,000 in loans with no defaults.

ISMIE required to report payments to National Data Bank

The Illinois State Medical Inter-Insurance Exchange is required by federal law to report to the National Practitioner Data Bank settlements and jury awards made on behalf of physicians. The Exchange will notify physicians of data bank reports, and questions about data bank reports will be answered by the new policyholder relations department. ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

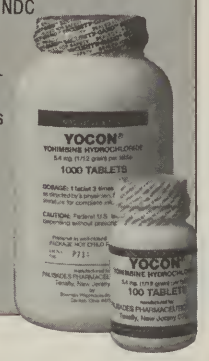
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Why does
JACKSON & COKER
recruit more physicians each year than any other company?

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

3 months of free therapy–
Call 1-800-4-CALAN-4 for details.

A BRIGHT IDEA...



180mg
Calan® SR
verapamil HCl 180 mg
SUSTAINED-RELEASE **CAPLETS**

Address medical inquiries to:
G.D. Searle & Co.
Medical & Scientific
Information Department
4901 Searle Parkway
Skokie, IL 60077

SEARLE *G.D. Searle & Co*
Box 5110, Chicago, IL 60680

©1990, G.D. Searle & Co.

A90CA4535T

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

Cash replaces cabbages as payment for services

WHATEVER IT WAS that motivated doctors in pioneer Illinois to jump on their horses and battle harsh weather and horrible roads to care for patients, one thing is certain: They were not in it for the money.

1 5 0

Before the 1850s, medical practitioners participated in the barter system. Care usually was administered in exchange for produce or labor, writes Thomas N. Bonner in *Medicine in Chicago, 1850-1950.* Rarely was a physician paid in cash. When cash was used, fees were low and difficult to collect.

Toward the second half of the 19th century, barter was losing its value as a means of exchange – much less as a means of earning a living. The push for professionalism in medicine demanded that doctors make a greater investment in training and equipment. And the cost of living was rising dramatically, climbing almost 50 percent between 1834 and 1870. So tenuous were remuneration prospects that many physicians left the field for higher-paying careers in politics, law or farming.

While a sizable first step, the resolution did little to change the financial realities of practicing medicine in 19th century Illinois. Bad debts continued to plague the profession.

In 1840, several physicians tried to contain the scattered payment practices to which they had been subjected. They also sought to enhance the status and long-term prospects of the profession. In January 1840, a group of physicians met in Springfield and created standard fees for a broad range of services (a list of fees appears in John K. Crellin's *Medical Care in Pioneer Illinois*). Items ranged from $1 for "an ordinary visit in town" to $5-$10 for "reducing fractures" to $5-$100 for "amputations of leg or arm."

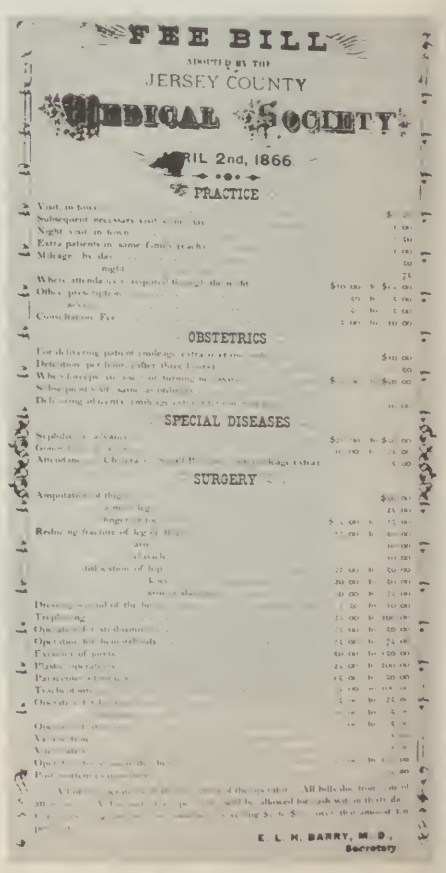
The doctors also agreed not to underbid one another, and to resolve all medical bills within one year of services being rendered.

The new fee schedule did not rule out exceptions for patients with financial hardships. If "the patient cannot pay the full amount without serious inconvenience," Crellin reports the doctors stating, "a deduction may be made at the end of the year, at the time of rendering his bill or at any other time."

While a sizable first step, the resolution did little to change the financial realities of practicing medicine in 19th century Illinois. Bad debts continued to plague the profession.

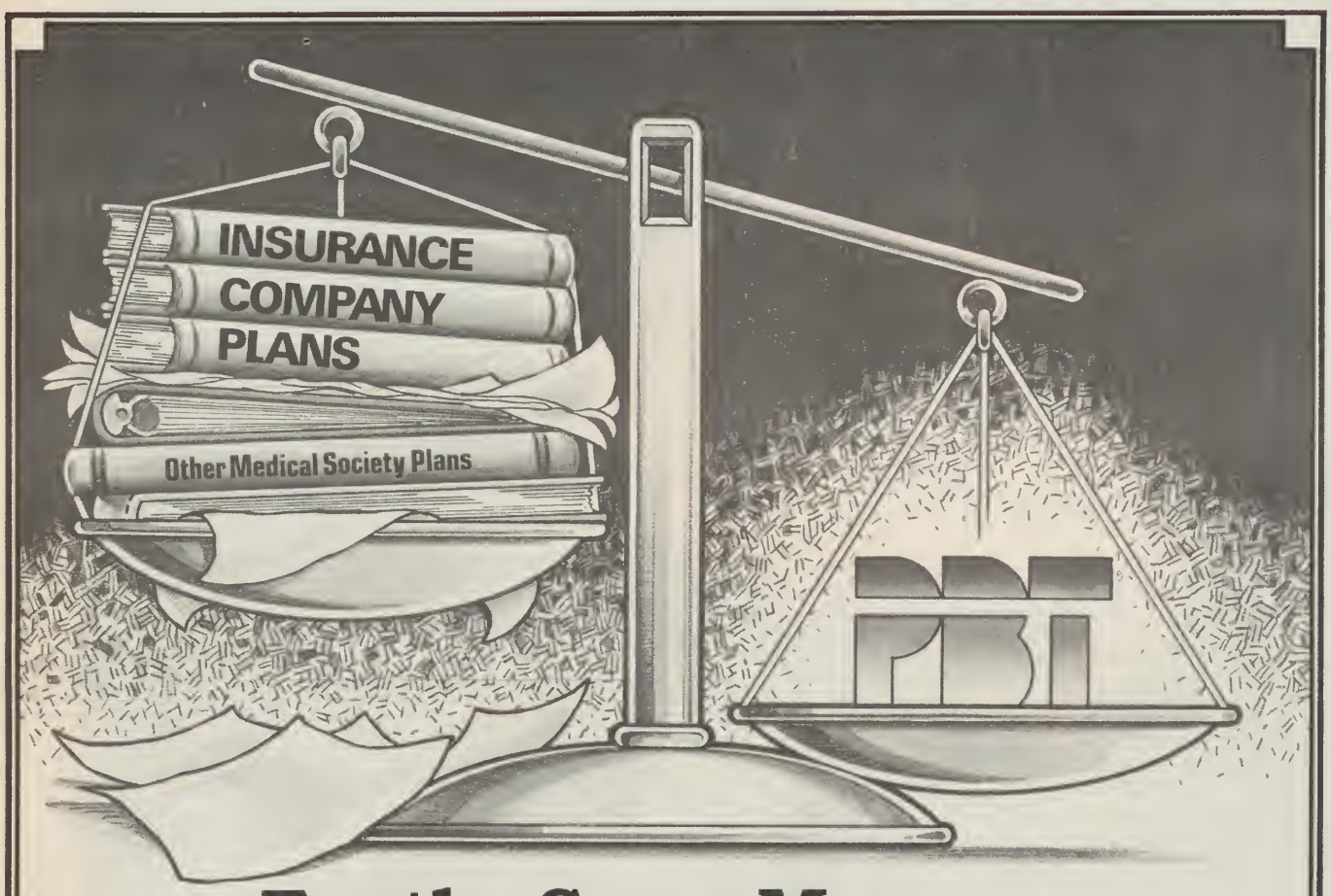
John Francis Snyder, M.D., a physician, scholar, state legislator, historian and naturalist who practiced medicine in Virginia, Ill., in the mid-19th century, took a jocular view of his bad debts by listing them in his account book under "worthless," "lost," "no earthly account" and "charity," notes Crellin.

Records of another prominent physician reveal financial difficulties of a similar nature. Charles Chandler, M.D., whose life was chronicled in the November 1987 *Illinois Medical Journal*, ran a monthly average credit of $1,000 in 1838. When he died in 1879, his books documented about $40,000 in uncollected accounts and charity care. ▲


FEE BILL
ADOPTED BY THE
JERSEY COUNTY
MEDICAL SOCIETY
APRIL 2nd, 1866.
PRACTICE
OBSTETRICS
SPECIAL DISEASES
SURGERY
E. L. H. BARRY, M. D., Secretary

A sample fee schedule from the Jersey County Medical Society. Efforts to standardize fees in Illinois date back to 1840.

The Pearson Museum



For the Same Money, the Others Don't Measure Up

With the PBT's high quality Major Medical Plan available at low group rates, why would a physician choose any other protection? The PBT Major Medical Plan measures up with extras like no pre-approvals, free choice of doctors and hospitals, and fast, friendly claims service. It's what you expect from your own medical society. After all, we're just what the doctors ordered!

For major medical coverage that outperforms the competition, call or write the Physicians' Benefits Trust.

(800) 621-0748.
(312) 559-9130

☐ Please send information about the **PBT Major Medical Plan.**
☐ Send information about the other PBT plans I have checked.

☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Long Term Disability
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____
Practice Name: _____
Street: _____
City/State/Zip: _____
Telephone: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

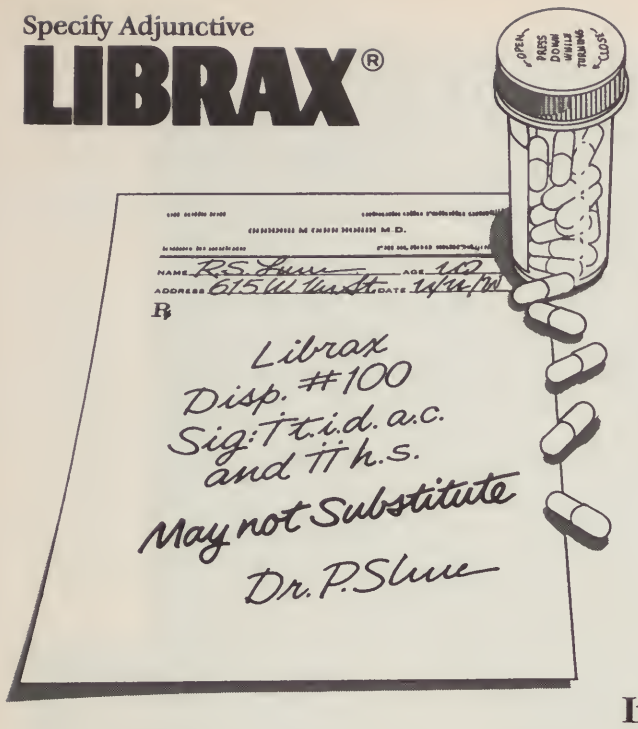
ISMS

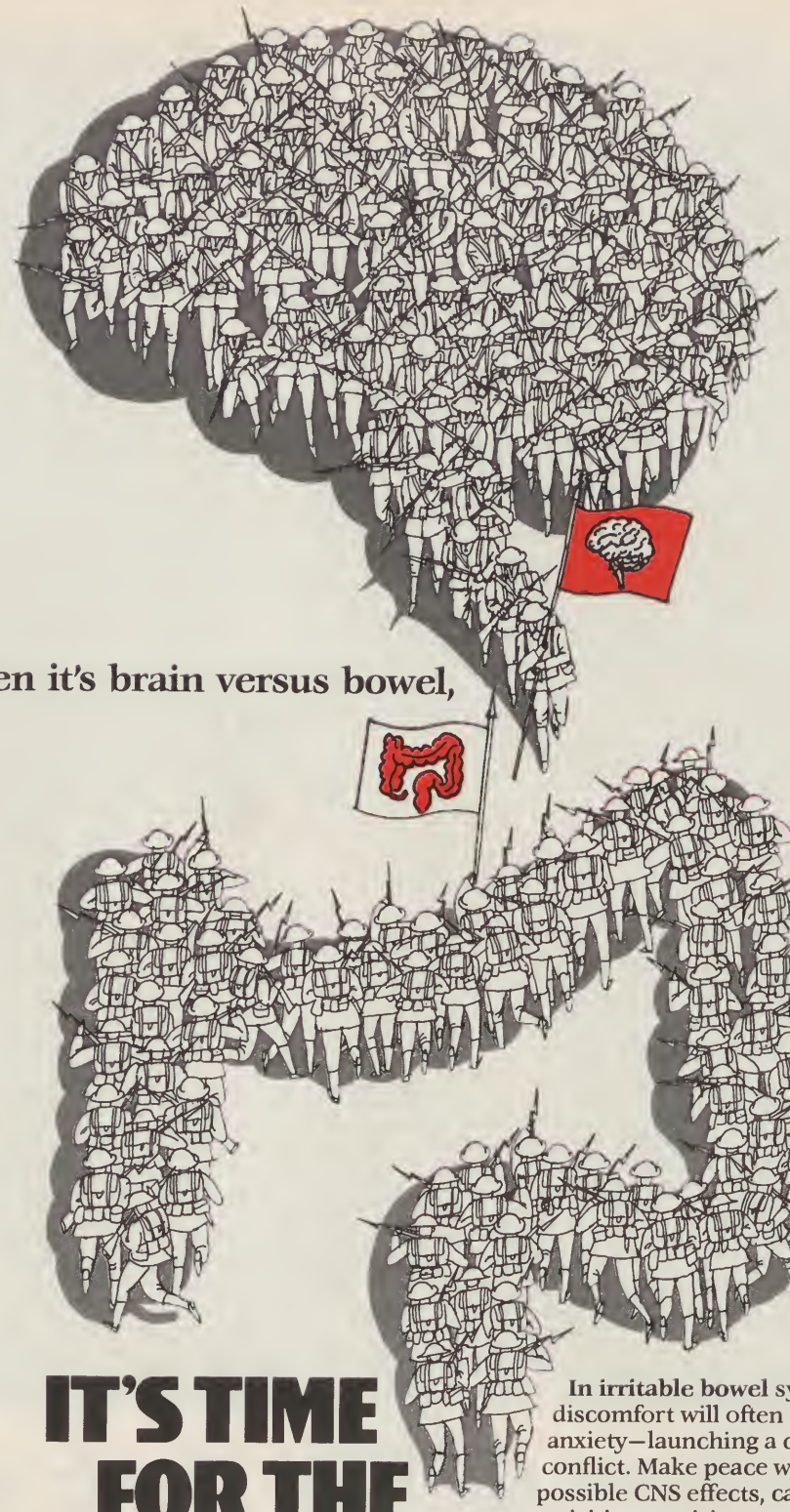
PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Specify Adjunctive

LIBRAX®





IL

To insist on the brand, be sure to check the "May not Substitute" box on your prescription.

In IBS,* when it's brain versus bowel,

IT'S TIME FOR THE PEACEMAKER.

In irritable bowel syndrome,* intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive

LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).
Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**
As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.
Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

P.I. 0288

ROCHE **Roche Products**

Roche Products Inc.
Manati, Puerto Rico 00701

Copyright © 1989 by Roche Products Inc. All rights reserved.

AMA *(continued from page 1)*

and honest physicians have been damaged and many more have been unnecessarily harassed."

Saying Kusserow has brought "discredit to the administration," Joseph T. Painter, M.D., chairman of the AMA board of trustees, asked the president to seek the inspector general's resignation. Dr. Painter also said that Kusserow "can no longer claim to have the trust of the medical profession and our patients."

The inspector general's office would not comment on the AMA action, and referred calls to HHS. An HHS spokesman said the department has not released a statement, but added that HHS Secretary Louis W. Sullivan, M.D., has expressed his confidence in Kusserow.

Kusserow's remarks on the ABC news show "Prime Time Live" examining excesses in HHS investigations of alleged Medicare and Medicaid fraud cases prompted the resignation request. In one case, William Diefenbach, M.D., committed suicide after being barred from Medicare. The Peer Review Organization said Dr. Diefenbach was guilty of poor diagnosis, questionable prescriptions and inadequate record-keeping, the report said. On camera, Kusserow also accused the physician of drug abuse, but recanted the charge in a letter issued sometime later.

Fellow physicians in Dr. Diefenbach's hometown of Southampton, N.Y., also investigated and found that Dr. Diefenbach was guilty only of poor record-keeping. The televised report said critics of the inspector general's office believe the stepped-up enforcement is an attempt to justify the office's existence and obtain additional funding from Congress.

Inspector general the subject of previous protests

Dr. Painter wrote that in the "Prime Time Live" broadcast, Kusserow "showed himself to be a man who makes reckless and unfounded charges and who is not honest in describing his own policies." In presiding for nine years over Health and Human Services department policing of Medicare and Medicaid programs, Kusserow "has been zealous in his determination to find and punish physicians who violate the programs' standards," Dr. Painter said. "We know there are physicians who are substandard and who abuse the programs. We want them out of the program – and the profession – as much as government wants them out," he added.

Kusserow has been the target of protests filed by the National Association of Attorneys General and lawsuits filed by the AMA and other professional societies seeking protection for physicians accused of misconduct, Dr. Painter said. He added the AMA had protested a system where HHS inspectors were offered salary incentives for increased sanctions against physicians. Kusserow "categorically denied" the incentives in a letter to the AMA, but a federal judge recently confirmed the incentive program's existence and ordered the office to discontinue the practice. ▲



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.



Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY



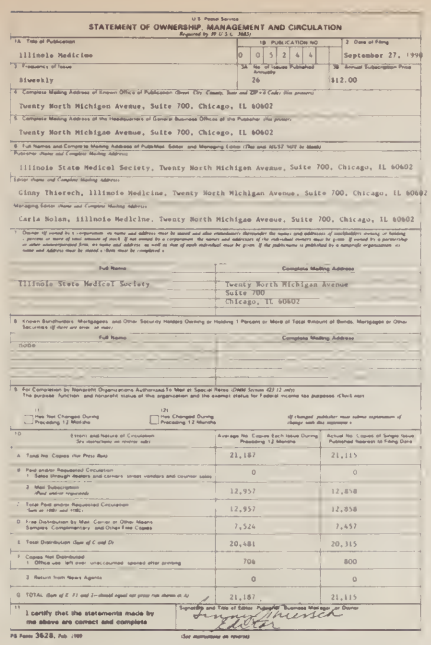
Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601



STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION

1A. Title of Publication	1B. PUBLICATION NO. 0 0 5 2 4 4
Illinois Medicine	2. Date of Filing September 27, 1990
3. Frequency of Issue	3A. No. Of Issues Published Annually
Biweekly	26
	3B. Annual Subscription Price $12.00

4. Complete Mailing Address of Known Office of Publication (Street, City, County, State and ZIP+4 Code) (Not printers)
Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602

5. Complete Mailing Address of the Headquarters or General Business Offices of the Publisher (Not printer)
Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602

6. Full Names and Complete Mailing Address of Publisher, Editor, and Managing Editor (This item MUST NOT be blank)
Publisher (Name and Complete Mailing Address)
Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602
Editor (Name and Complete Mailing Address)
Ginny Thierach, Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602
Managing Editor (Name and Complete Mailing Address)
Carla Nolan, Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602

7. Owner (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. If the publication is published by a nonprofit organization, its name and address must be stated.) (Item must be completed.)

Full Name	Complete Mailing Address
Illinois State Medical Society	Twenty North Michigan Avenue Suite 700 Chicago, IL 60602

8. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages or Other Securities (If there are none, so state)

Full Name	Complete Mailing Address
none	

9. For Completion by Nonprofit Organizations Authorized To Mail at Special Rates (DMM Section 422.12 only)
The purpose, function, and nonprofit status of this organization and the exempt status for Federal income tax purposes: (Check one)
(1) ☐ Has Not Changed During Preceding 12 Months (2) ☐ Has Changed During Preceding 12 Months (If changed, publisher must submit explanation of change with this statement.)

10. Extent and Nature of Circulation (See instructions on reverse side)	Average No. Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
A. Total No. Copies (Net Press Run)	21,187	21,115
B. Paid and/or Requested Circulation 1. Sales through dealers and carriers, street vendors and counter sales	0	0
2. Mail Subscription (Paid and/or Requested)	12,957	12,858
C. Total Paid and/or Requested Circulation (Sum of 10B1 and 10B2)	12,957	12,858
D. Free Distribution by Mail, Carrier or Other Means Samples, Complimentary, and Other Free Copies	7,524	7,457
E. Total Distribution (Sum of C and D)	20,481	20,315
F. Copies Not Distributed 1. Office use, left over, unaccounted, spoiled after printing	706	800
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and 2—should equal net press run shown in A)	21,187	21,115

11. I certify that the statements made by me above are correct and complete
Signature and Title of Editor, Publisher, Business Manager, or Owner

PS Form 3628, Feb. 1989 (See instructions on reverse)

Partners for Health

(continued from page 2)

care, whereby a patient may see a half dozen doctors in a hospital. Unfortunately, patients complain to physicians, because we're on the front lines. But when we can talk to them face to face about any health topic, they like us."

ISMS recently sent 4,000 letters to senior citizen organizations throughout the state, offering physician speakers. During each presentation, doctors hand out "Healthy-Partnership" kits provided by ISMS. The packet includes a pocket-sized health record booklet to log medications, questions, doctor's instructions and other medical information. Also in the kit are brochures on Medicare, organizing medical bills, toll-free numbers for specific health information and resources for a variety of senior services.

Public service announcements communicate message

Seniors are also hearing about "Partners for Health" through radio and television public service announcements (PSAs). The PSAs encourage seniors to work with their doctor, and invite them to call ISMS for more information.

The radio PSAs feature former President Ronald Reagan, sports announcer Jack Brickhouse, Gov. James R. Thompson and his father, J. Robert Thompson, M.D., and advice columnist Ann Landers. The celebrities volunteered their time to record the announcements, which have been airing statewide since February. The television PSA was released last month to all public and cable television stations.

Physicians interested in participating in the program should return the reply card enclosed in this issue of *Illinois Medicine.* ISMS will send interested doctors a profile form. The form, to be returned to ISMS, asks physicians to indicate the topics they would like to talk about, favored area, days and times to participate, and when ISMS or the county medical society can contact the doctor to arrange a speaking engagement.

For more information on "Partners for Health," call 1-800-782-ISMS, or write to the Illinois State Medical Society, Public Relations Department, 20 N. Michigan Ave., Suite 700, Chicago, Ill. 60602. ▲

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE
707 South Wood Street
Chicago, IL 60612

ACCME Accredited

October, 1990 — February, 1991

- ☐ Current Clinical Neurology: A Comprehensive Review October 22 - 26, 1990
- ☐ Current Trends in Cardiology October 22 - 24, 1990
- ☐ Essentials of Geriatrics for Everyday Practice October 25 - 26, 1990
- ☐ Specialty Review in Obstetrics and Gynecology: Practical Aspects October 28 - November 3, 1990
- ☐ Specialty Review in General Surgery, Part II October 29 - November 5, 1990
- ☐ Sports Medicine for the Primary Care Physician November 7 - 9, 1990
- ☐ Flexible Fiberoptic Sigmoidoscopy November 10, 1990
- ☐ Advances in Internal Medicine, 1990 November 12 - 15, 1990
- ☐ Clinical Decision-Making November 16 - 17, 1990
- ☐ Advances in Anatomic and Clinical Pathology December 3 - 9, 1990
- ☐ Psychotropic Medications: Do's and Don'ts in Everyday Practice December 7 - 8, 1990
- ☐ Specialty Review in Thoracic Surgery January 7 - 12, 1991
- ☐ Review Course in Neurological Surgery February 1 - 10, 1991
- ☐ Clinical Psychiatry: A Comprehensive Review for Practicing Psychiatrists February 11 - 15, 1991
- ☐ The Biologic Basis of Neurology and Psychiatry: A Review for Board Candidates and Established Practitioners February 18 - 22, 1991
- ☐ Specialty Review in General Surgery, Part II February 18 - 25, 1991
- ☐ Advances in Geriatrics, 1991 February 25 - 27, 1991

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

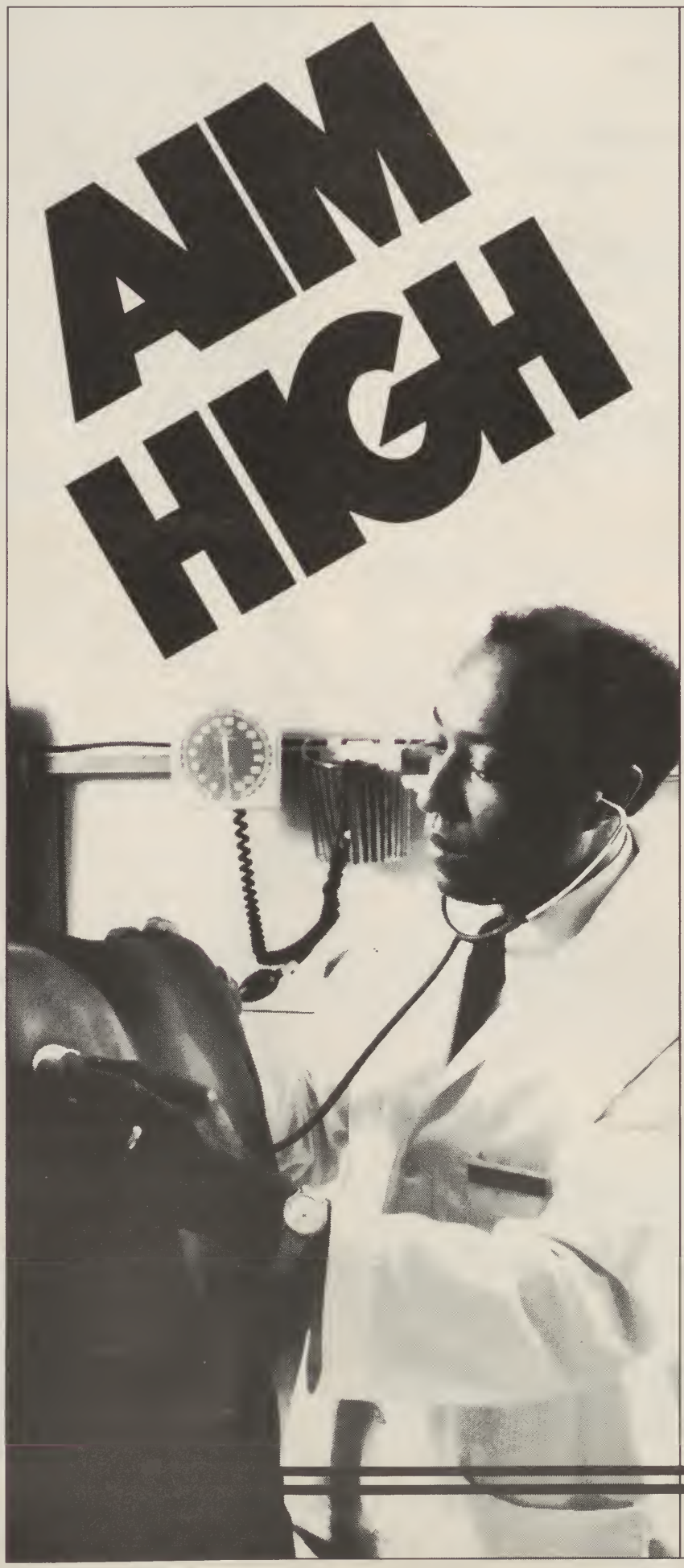
Name _____

Address _____

City _____

State _____ Zip _____

Call toll-free today!
1-800-621-4651



SPECIALIZE IN AIR FORCE MEDICINE.

ER Physicians. Radiologists. OB/GYNs and other specialists! Today's Air Force gives you the freedom to specialize without the financial overhead of running a private practice. Talk to an Air Force medical program manager about the tremendous benefits of becoming an Air Force medical officer:

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay each year

Examine your future in the Air Force. Learn if you qualify. Call

USAF HEALTH PROFESSIONS
"STAT"
1-800-423-USAF

AIR FORCE

Looking for a fast start?



**Family Practice /
Internal Medicine Opportunities**

Our growing southern Wisconsin community of 20,000 needs you now! Watertown, located on the Rock River, 50 minutes from Madison and Milwaukee, offers country living with metropolitan benefits. It's a community that values the family and respects its physicians.

Internal Medicine Specialist
Solo practice opportunity with coverage by established internist.
Area needs 2+ additional internists.
Financial and management aid to start practice.
Office space available in M.O.B. next to the hospital.

Family Practice Physician
Two established FP, single specialty groups are looking to add one, possibly two members.
Medical staff offers full family practice privileges including deliveries, stress testing, and EKG interpretation.

Watertown Memorial Hospital offers a recently expanded 100+ bed facility, a young, progressive medical staff of 34 active members and 27 consultants. 24-hour ER physician coverage. Accredited C.M.E. program.

Attractive compensation package. Interview expenses reimbursed. Other considerations may include assistance with educational expenses.

Contact: Leo Bargielski, hospital President at (414) 261-4210, or Dr. Ed Hoy, Chief of Staff (414) 261-8225. We are located at 125 Hospital Drive, Watertown, WI 53094.

Medical Practice Act

(continued from page 1)

condition of dropping the indictment, Peckmann and Perry filed a civil suit challenging the constitutionality of the Medical Practice Act as it relates to midwifery. William and Kimberly Dick, a couple who sought to have their baby delivered by a traditional midwife, joined the lawsuit as plaintiffs.

Defendants in *Peckmann et al v. Thompson et al* included the directors of the Illinois departments of Professional Regulation and Public Health, Attorney General Neil Hartigan, and several state's attorneys. A spokesman for the Attorney General's office declined comment pending a decision to appeal. The defendants have 30 days to decide.

Mixed response to ruling

The judge's ruling is "a tremendous victory for midwives and for Illinois citizens who want to have babies in the home without allopathic drugs and invasive technology," said William Zukosky, the plaintiffs' attorney. If the court's ruling is not appealed, or is upheld, the Illinois General Assembly will have to pass a new section of the Medical Practice Act, he said.

"This ruling, while significant, is properly construed as narrow in scope," said Saul J. Morse, Illinois State Medical Society general counsel. "[American] law has always held that a statute with criminal penalties cannot be vague. ... What [the judge] said was the practice of medicine wasn't really defined. Nor were midwifery or the birthing process, and therefore, you could not charge these people with a criminal act.

"The court, in saying this is unconstitutionally vague as it applies to [lay midwives], also said that what the legislature has done is totally appropriate," said Morse, referring to the right of the General Assembly to regulate the practice of medicine. "It is a matter of the public health and welfare for the legislature to set limitations on who can practice and who can't."

"It is a matter of the public health and welfare for the legislature to set limitations on who can practice and who can't."

The judge also said that lay midwives do not have a constitutional right to practice, nor do patients have the constitutional right "to select a particular treatment or procedure over the rational objections of a government licensing authority."

Nancy Fleming, local chairperson for the American College of Certified Nurse Midwives, said no national certification standards exist for traditional midwifery. A certified nurse midwife must complete a bachelor's-level certification in nursing, master's-level coursework in midwifery and must pass a national certification exam, she said. Certified nurse midwives practice under a physician's supervision. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Otolaryngology—Brainerd, MN: Join 22 MD multi-specialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Large south side practice is looking for energetic physicians to join a stable practice of twelve years. Looking for (1) family practitioner, (2) general practitioner, (3) pediatrician. Please respond in confidence to: P.O. Box 578, Chicago, IL 60617.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

Looking for an associate to join a well established primary care medical practice near Chicago, with an option to take over the practice. Call 815/786-9767.

Family physician—well equipped 48-bed rural JCAH accredited hospital is looking for a family physician to round out their medical staff. Modern furnished five-room clinic located on hospital grounds provided. Lucrative financial package including guarantee for initial period. Unbelievable income potential. The hospital is located in southeastern Illinois in the midst of the Shawnee National Forest. Excellent area for fishing, hunting, boating. Contact Roby Williams, Administrator, Hardin County General Hospital, P.O. Box 2467, Rosiclare, IL 62982. Telephone 618/285-6634.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820; 217/351-1285.

Dermatology—Brainerd, MN: Join 22 MD multispe-cialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Chicago—Seeking full-time and part-time emergen-cy physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Medical surgical center seeking physicians to work part-time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 108, Des Plaines, IL 60016, or call 708/390-9300 or 708/390-0300.

OB/gyn—family practice—general surgery— internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc., 12724 N. Maplecrest Lane, Mequon, WI 53092, 1-800-243-4353.

Pediatrics—Brainerd, MN: Join 2 pediatricians in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

St. Louis University's HealthLine Physician Services is currently recruiting primary care physicians to provide clinical services in the emergency department of Harrisburg Medical Center in Harrisburg, IL; full-time and part-time positions are available. Moderate volume; 24-hour radiology, anesthesiology, laboratory; strong ED nursing and medical staff support. Competitive hourly rate with professional liability insurance provided. Contact Gerry Liebmann, 1-800-443-3901, 3663 Lindell, Suite 400, St. Louis, MO 63108.

Family practice—Wonderful opportunity for BE/BC physician to join dynamic north suburban Chicago group practice. Generous financial package and fringe benefit program. Modern fully equipped offices in growing progressive communities. No OB. Please forward CV to Box 2183, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin, 44 physician, multispecialty group is seeking two internists, a vascular surgeon, a rheumatologist, an OB/gyn, an ophthalmologist and an orthopedist. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Parkway, Beloit, WI 53511, or call 608/364-2200.

Internal medicine—Brainerd, MN: Join 7 internists in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Cardiology: 70-doctor multispecialty group seeking third cardiologist to associate in excellent growing consultative practice, combining both invasive and non-invasive opportunities. Well equipped offices within a well staffed, modern hospital minutes from clinic; "state of the art" catheterization laboratory with digital angiography and full non-invasive cardiac lab. New ICU and CCU being built. Drawing area 400,000. Stimulating midwest Big 10 university community of 100,000 with cultural advantages. Ideal for family. Medical school teaching affiliation. Excellent initial guarantee and fringes with early associateship and subsequent income based exclusively on productivity. Send CV to Ronald H. Deering, M.D., 101 W. University, Champaign, IL 61820.

Private practice opportunities exist in southern Indiana affiliated with a 590 bed hospital. Specialties include internal medicine and family practice. Competitive compensation plan and attractive partnership arrangement available. Send CV to Don Hoit, 11222 Tesson Ferry Rd., Suite 203, St. Louis, MO 63123, or call 1-800-336-3963.

X-ray technologist, experienced. For work with S.W. side group—established 44 years. Convenient to all expressways. Opportunity to work with patients in areas other than radiology. Bilingual English and Spanish preferred, but not necessary. Full or part-time. Contact: David Rosner, M.D., 312/247-4900.

Obstetricians/gynecologists—Illinois. Board certified or board eligible obstetricians and gynecologists wanted to join a 210 physician, multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801, or call collect at 217/337-3417.

Pediatricians—Illinois. Board certified or board eligible pediatricians needed to join 210 physician multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801; or call collect at 217/337-3417.

Family practice Minnesota—Physician needed for employment or ownership of broad based practice in rural community 45 minutes south of metro area. Existing shared call, tremendous earning history of retired physician, fully equipped and staffed office. Near outstanding hospital with all specialties represented. Guaranteed compensation, full benefits, bonus. For this and other opportunities in the upper midwest, send CV: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect 612/454-7291.

Excellent opportunities for physicians in family practice, internal medicine, OB/gyn and pediatrics. Directorships and partnerships available. Chicago and suburban locations. Please call: 708/541-9332 or send CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Busy practice, geripsychiatry, looking for full or part-time psychiatrists. Please call and/or send your CV to Center for Psycho-Social Development, 300 N. State St., #5308, Chicago, IL 60610; 312/565-2251.

Successful group seeking BC/BE internist to staff satellite office in Wisconsin northwoods recreational haven. Over 1,000 lakes, hunting, hiking, skiing, snowmobiling. Fully equipped and staffed office adjacent to 100-bed regional health care facility. Generous guaranteed salary and benefits with incentives and option to purchase practice after first year. Please contact: Michael Krier, 1-800-272-2777 or 414/784-2777, 15850 W. Bluemound Rd., Suite 300, Brookfield, WI 53005.

Rheumatologist: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE rheumatologist to join a department of three BC rheumatologists. Two year guarantee plus comprehensive benefit package offered. This area, which encompasses Appleton, Neenah, and Oshkosh with a combined population of 300,000-plus, offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Radiologist. Position in large outpatient clinic. Facilities include fluoroscopy, tomography, mammography, diagnostic ultrasound, plus general radiology. No invasive procedures. This multispecialty group is located in the far western suburbs of Chicago in an area offering excellent schools, housing and recreational facilities. Excellent workload and hours compared to hospital setting, plus the ability to work with a quality group in a pleasant environment. Reply to Box 2180, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Cardiologist, BC/BE invasive/non-invasive to join five cardiologists in cardiology department of large multispecialty clinic in Chicago suburb. Active CV surgery and PTCA programs. Clinical, non-invasive and invasive skills required. Prefer knowledgeable, competent, skillful, personable individual. Exceptional salary and benefit package leading to early partnership. Send CV and details about your interest. Reply to Box 2179, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internist-gastroenterologist. Energetic, aggressive physician to join progressive north suburban group practice. Must be BC/BE. Excellent guaranteed compensation with fringe benefit program and incentive package. Candidate must be willing to do some general IM. New modern offices with excellent staff. Please forward resume with dates of availability to Box 2182, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine and family practice physicians BC/BE. Exceptional opportunity to join our well established, very busy multispecialty clinic located in Milwaukee. Attractive and well equipped building including in-house laboratory, x-ray department, business department, etc. Excellent progressive hospitals, medical school, regional medical center. The greater Milwaukee area offers superb family environment, diverse cultural and recreational options. This is a unique, outstanding professional and personal opportunity! Please send CV or contact Jonathan Slomowitz, M.D., Mitchell Medical Center, 1672 S. 9th St., Milwaukee, WI 53204; 414/383-4700.

Family practitioner—Unique opportunity for a board certified/eligible family practitioner needed for a southern Illinois family-oriented community. Established practice already in operation. Hospital offering an excellent package to defray start up expenses. Practitioner becomes part of the clinical services department of the hospital which includes a surgeon, urologist, family practitioner, and a general practitioner and pulmonary disease specialist. Contact E.A. Helfrich, Administrator, Union County Hospital District, 517 N. Main, Anna, IL 62906; 618/833-4511.

Seeking full-time, 37-1/2 hour work week, family practice or internal medicine physician to provide medical care, including treatment of minor emergencies, acute illnesses, routine physical exams and injuries. Competitive salary. Excellent benefits including paid malpractice, vacation, sick leave, tuition waiver, and retirement. Please submit a letter of application along with three letters of reference and a resume to: Jaime Cercone, M.D., Medical Chief of Staff, Beu Health Center, Western Illinois University, Macomb, IL 61455.

Family planning clinic looking for board certified gynecologist with own malpractice to do pregnancy terminations 1-2 mornings a week. Send resume to: Administrator, P.O. Box 608, Elgin, IL 60121.

Pediatrician: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE pediatrician to join department of 17 BC/BE pediatricians. Two year guarantee plus comprehensive benefit package offered. The community offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Internal medicine. Excellent opportunity for BC/BE internist with or without subspecialty to join progressive well established north shore group. Excellent salary with fringe benefit program. Fine residential area, excellent schools and all amenities of suburban Chicago living. Position available immediately but would be willing to wait for the right person. Please forward CV in strict confidence to Box 2181, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Podiatrist seeking part-time position with multispecialty/orthopedic group, HMO, clinic or solo practice. Fluent in Spanish. Chicago metropolitan area. Call 312/276-7349.

Busy family practice near rural hospital. ABS and BTS, 1961. Now in family practice residency. M. Miller, M.D., 900 Farnam St., #317, Omaha, NE 68102.

For Sale, Lease or Rent

Dental office—beautiful office in prestigious modern building. Excellent busy location. Three exam rooms, lab, private office, washrooms and parking. Waukegan, IL; 708/244-8340.

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Active established primary care practice. Completely equipped, staffed and computerized. Excellent patient base. Will introduce. Chicago location. Call 312/346-3364.

Medical suite for rent: in high traffic, stable working community in Chicago area. Excellent demographics. Large modern suite with accessible parking. 312/238-6686.

Prime medical space. Eminent architect will design. 1,750 square feet. Southwest Chicago-Beverly Hills, historic landmark "Village in the City," central location. Parking. Call 312/445-3942.

Otolaryngology practice for sale. Solo practitioner retiring. Over 30 years in practice. Growing community 40 miles west of Chicago. Contact Mr. Hoffman, 708/696-0220 for details.

For rent. Medical office of 30 years' duration in Lake Zurich. Four miles from Good Shepherd Hospital in Barrington. Call 708/438-7041.

Family practice or combined with surgical practice. Solo. Unique opportunity. We lost one surgeon recently. Established 1966. Ten years old, well maintained office building (1,568 square feet) across shopping center. Population 14,500. 100 bed local hospital. Emergency room work available. Call coverage easy to arrange. Current physician retiring for health reasons. Local hospital willing to assist with financial matters. Please call 309/852-2697.

Successful allergy practice for sale in northwest suburbs of Chicago. Owner sees 25-100 patients daily and grosses $200,000 annually. Spacious office has five treatment rooms. Well-trained staff will remain with new owner. Asking $90,000. Call for more details. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing. Computerized system can be customized to meet the needs of your practice. Accurate ICD-9 and CPT coding. Insurance filing and follow-up. Financial reports showing practice analysis. Contact Golden Office Management, Inc., 3317 W. 95th St., Evergreen Park, IL; 708/423-7778.

SMC: POL consulting; quality assurance is quality care. Laboratory compliance: federal and state regulation; quality control programs, safety, procedure manuals, instrument maintenance logs, correlation analysis. Complete laboratory evaluation. Free POL assessment. 312/882-4526.

Custom computer graphic slides. For your next lecture, let us design your slides. As specialists in the medical photography field, we are experts in design, color, details, and backgrounds. Pick up and delivery available. Unbeatable prices. For information and sample slides call Phil, 312/508-0811.

We're on the beam to collect your past-due receivables! Beam Financial Services, Inc., Mr. Lazer, 312/329-0019.

Specialized Spanish course. For physicians and health care providers. Private and group sessions held at your convenience. For details call: Arturo Castro, 312/404-5420.

ATTENTION PRIMARY CARE PHYSICIANS*
Increase Your Skills

Attend the ULTIMATE Course in Procedural Skills

LEARN: Alllergy testing, audiometry, cryo-surgery, flexible sigmoidoscopy, holter, monitoring, naso-pharyngoscopy, pulmonary function testing, vasculary flow testing, screening colposcopy, caridac stress testing, dematologic surgery techniques & MORE... including appropriate CPT coding.

*Monthly Series Now In its 3rd Year.
Accredited:
15.5 hours CME
(AAFP, AMA, AOA)

Tuition: $395

LOCATIONS — DATES

Phoenix.....Sept 15-16
Chicago.....Oct. 20-21
Atlanta.....Nov. 17-18
New Orleans.....Dec 15-16
Dallas/Ft. Worth.....Jan 12-13
Ft. Laud.....Feb 16-17
*Post Seminar Cruise offered

Presented by:
CURRENT CONCEPT SEMINARS
America's Largest Independent Producer of CME Programs
5700 Stirling Road, Hollywood, FL 33021
(305) 966-1009
(800) 969-1009

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

PROVIDING

SERVICE

TO ILLINOIS PHYSICIANS

SINCE 1976, OUR *ONLY* BUSINESS HAS BEEN TO PROVIDE PROFESSIONAL LIABILITY INSURANCE SERVICES TO YOU, THE ILLINOIS PHYSICIAN, THROUGH...

UNDERWRITING: YOU WORK DIRECTLY WITH THE EXCHANGE, NOT AGENTS, TO OBTAIN THE COVERAGE YOU NEED.

RISK MANAGEMENT: OUR RISK MANAGEMENT EDUCATION AND COUNSELING SERVICES ARE DESIGNED TO MEET YOUR INDIVIDUAL NEEDS.

CLAIMS: YOUR CLAIM IS GUIDED BY A STRONG DEFENSE TEAM WHO WORKS FOR YOU AND WITH YOU EVERY STEP OF THE WAY.

PROVIDING SERVICE TO OUR 10,000 INSURED PHYSICIANS IS OUR ONLY BUSINESS.

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

#1 IL417L
NO.22 1990
SEQ: SE0063601
ILLINOIS MEDICINE

1990 election coverage continues 7, 12

Illinois Medicine

October 26, 1990

ILLINOIS STATE MEDICAL SOCIETY

***Illinois Medicine*'s election coverage continues on Page 7 with profiles of the all-important gubernatorial race.**



Jim Edgar



Neil Hartigan

Universal health bill debated

by Tamara Strom

OPPONENTS OF a bill that would establish a universal health care system for Illinois termed the plan "dangerously flawed" at an Oct. 2 public hearing in Chicago, while supporters claimed it would cure the state's health care woes. As a dozen representatives of health care organizations, business and consumer groups testified, supporters outnumbered opponents 3-1.



Wm. Daniels/The Photo Partners

Robert Creamer (left), Illinois Public Action executive director, and James H. Andersen, M.D., ISMS president, debate universal health care.

S.B. 1587, sponsored by Sen. Margaret Smith (D-Chicago), chairman of the Public Health, Welfare and Corrections Committee, would abolish the state's existing health care system and replace it with a state-run system providing care to all residents. Based on Canada's national health care system, in which the government underwrites all care, the bill was proposed by Illinois Public Action (IPA), a consumer advocacy group. Although the bill does not specify funding mechanisms for the system, IPA Executive Director Robert Creamer said federal monies, business taxes and a 3.4 percent income tax hike, which would double the current rate, could cover the costs.

James H. Andersen, M.D., Illinois State Medical Society (ISMS) president, told committee members the

(continued on page 14)

Planned clinic brightens health care future in Tuscola

by Lyn Leithliter

IT HAS BEEN a little more than four months since Douglas County officials were forced to close their 55-bed hospital in Tuscola on June 1. But with a new clinic set to open as early as Nov. 1, possibly in the same building, the prognosis for health care for this downstate Illinois community of about 4,500 is improving.

Many residents, however, are just now beginning to appreciate what the 73-year-old county hospital had meant to their daily lives. And many are skeptical that anything can replace what they lost as they struggle to adjust to life without a full-service hospital and emergency room.

"We were lucky we didn't have anything come up or it would have been a real disaster," said Phyllis Truitt, a Tuscola City Council member, looking back over the past summer's experience at the municipal pool. In years past, pool lifeguards had the luxury of being within half a block of the hospital's emergency entrance.

"I think the problem from the people I've talked to is all we're

(continued on page 13)

Trustee vote puts Mile Square back on track

by Tamara Strom

SIGHS OF RELIEF were heard around Chicago's health care community Oct. 11 when the University of Illinois board of trustees voted 5-4 to join the city in reopening the shuttered Mile Square Health Center. After months of negotiations and a tie vote at the board's September meeting, the center at 2045 W. Washington is a step closer to once again providing health care to indigent residents on Chicago's west side.

Trustee Donald Grabowski, absent from last month's meeting, provided the swing vote in favor of Mile Square, giving the measure its needed majority. Opponents called the plan financially irresponsible and said the university already runs an underused outpatient clinic on the west side. The university will staff Mile Square and provide $700,000 for operating costs, while the city will chip in $942,000 and cover any funding shortfalls.

"Despite the slow process, I see nothing standing in the way of Mile Square delivering care to a very needy, underserved area," said Chicago Board of Health President Whitney W. Addington, M.D. "Mile Square should serve as a model for city/academic medical center cooperation." He said the facility is in "good shape" physically and the city hopes to have the clinic up and running by mid-January.

Before the health center can hang an "Open for Business" sign, however, the reopening plan must be approved by the U.S. Department of Health and Human Services and a federal bankruptcy court before the court's Oct. 31 deadline for dismissing the case. Most city officials say the federal and bankruptcy court approvals are "pro forma," and that the university board of trustees vote was the crucial step. Nevertheless, Hilmon S. Sorey Jr., the court-appointed trustee for Mile Square, said there are no "simple steps" in the process. "My hope is that all of



Reopening Mile Square would improve access to care and ease the burden among overcrowded clinics on Chicago's west side.

these hurdles can be overcome," he said. "We're getting closer, but we're not there yet. I don't want to minimize the complexity of keeping [the deal] together." Sorey said once the plan gets the government go-ahead, he will recommend that the bankruptcy court approve the sale of Mile Square to the city for $1.

(continued on page 14)

In this issue

White House Council on Aging eyes health care 2

DuPage prenatal program lifts admissions limit 3

Great moments in Illinois medicine 5

Case in point examines prescribing errors 6

Judges vie for Illinois Supreme Court seats 12

**********3 DIGIT SCF 208
1015 IM
NATIONAL LIB OF MEDICINE
TS INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

Health care tops White House Conference report

by Diane Oltman Ayers

SENIOR CITIZENS SHOULD not be asked to sacrifice their health to reduce the nation's deficit, according to a resolution sponsored by the more than 450 senior citizen delegates to the Illinois White House Conference on Aging that convened in Springfield Oct. 2-4.

"Those people on Capitol Hill are going to get a lot of telegrams proclaiming that, while we all agree that changes must be made, the highest percentage [of deficit cuts] should not fall on the least able, the elderly and the poor," said delegate Robert E. Heerens, M.D., of Rockford, who participated in the conference's health and social policy workshop. Dr. Heerens is a member of the Illinois State Medical Society (ISMS).

The Illinois meeting was the first of eight state conferences preliminary to a national White House Conference on Aging to be convened some time next year by President Bush. Each statewide forum develops a report of issues and policy recommendations to be considered by the national conference.

Previous White House Conferences on the Aging, held every 10 years since 1961, have been credited with laying the groundwork for such programs as Medicare, Medicaid and the Older Americans Act.

The Illinois resolution, forwarded to Congress in advance of the conference report, states that although "the [federal] deficit is of major crisis proportions and must be reduced," the budget summit proposal would require older citizens to "pick up an inequitable portion of that debt." The resolution calls on Congress to reduce the total percentage of funds to be slashed from senior programs, and to ensure that the "frail elderly" will be protected from any cuts to life-maintaining health services.

The resolution refers to the congressional budget summit plan that was overwhelmingly defeated on Oct. 5. At press time, Congress was trying to develop a compromise budget package.



Ron Ackerman

Delegates to the Illinois White House Conference on Aging (top) discussed a variety of issues affecting the elderly. William E. Mundt, M.D. (left), a conference delegate, said establishing a national health care system was a conference priority, but delegates did not establish any formal recommendations. Paul Ravenna, M.D. (center), said he hopes the conference report will be favorably received by congressional leaders. Robert E. Heerens, M.D. (right), said the elderly should not have to pay for reducing the federal deficit through higher Medicare premiums and deductibles.

Health care was voted the conference's top concern by a 2-1 margin. The conference's final recommendations for health and social services included:

- Supporting malpractice reforms and monitoring regulation of malpractice insurance companies in their claim-adjustment practices
- Monitoring fees and bills at all levels of medical treatment
- Emphasizing preventive medicine, health/wellness screenings, nutrition counseling, and intergenerational programs in fitness, exercise and mental health
- Establishing a bipartisan task force of public and private professionals to propose a new system of affordable and accessible universal health care by 1995.

While the consensus among conferees was that some form of universal health care is needed, the group was reluctant to demand specific solutions, said delegate William E. Mundt, M.D., of Monticello, also an ISMS member. "National health care was the intent, if not the final wording, but the resolutions wound up being a little vague," he said. "I guess they were afraid to say it, but I think that was definitely what they want."

Other concerns facing the nation's elderly include personal income, access to services, senior rights and affordable housing. But as keynote speaker Lou Glasse told delegates, the complexity of those problems make them interrelated.

Glasse, president of the National Older Women's League, warned that the elderly, social workers and health care providers should be concerned and vigilant about recent changes in priorities voiced by Congress and the White House.

While calling for everyone to help "share the pain" of deficit reduction, Bush and many legislators have focused on massive Medicare cuts as a quick remedy to the nation's ills, she said. This approach forces older citizens, especially the poor elderly, to swallow the largest economic pill, Glasse added.

"Congress should pay attention, especially with the coming election," insisted the Rev. Ellsworth Barclay of Chicago, a chaplain at Little Company of Mary Hospital and advisory board member of the Chicago Department on Aging. "Our seniors have already been neglected, their health care [costs] deducted from their pensions and Social Security. They can hardly make it now, and many more budget cuts will affect them severely.

"The way Bush wants to do it would really be a step backward, 20 years or more," Barclay added. "I know what I'm saying. I see it every day in the emergency room. In many hospitals, people come in and if they don't have Medicare they can be neglected because of the higher and higher fees."

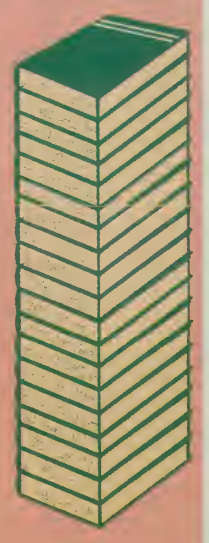
Delegate Paul Ravenna, M.D., an ISMS member from Evanston, said he is optimistic the report of the conference will find some receptive ears in Washington, and will lead to revisions in the country's health care systems. "The first of these conferences, in 1961, was the one that eventually resulted in Medicare. The seed was first planted here," he pointed out. "Now here we have the seeds for a national health care plan." ▲

Physician Facts

Illinois State Medical Society

Student Loan Fund†

Year	Number of loans	Amount allocated	Amount loaned
1983-84	24	$ 50,500	$ 41,650
1984-85	30	75,000	55,783
1985-86	33	100,000	70,750
1986-87	51	125,001	102,451
1987-88	63	175,003	119,797
1988-89	96	270,000	209,356
1989-90	45	108,000	86,104
1990-91	*	174,000	*
TOTAL	342	$ 1,077,504	$ 685,891



* Not available

† Thirty-seven loans have been repaid; 11 are currently in the repayment process. No defaults.

The difference between the amount allocated and the amount loaned is due to individual needs of medical schools, *i.e.*, in any given year, a medical school may not utilize the full amount allocated. Funds not utilized are returned to the loan fund and may be reallocated in subsequent years.



Wm. Daniels/The Photo Partners

(Left to right) George T. Wilkins Jr., M.D., chairman, ISMS Board of Trustees; Fred E. Schwartz, executive director, Chicago Medical Society; Alexander R. Lerner, ISMS executive vice president; Arvind K. Goyal, M.D., CMS president; and James H. Andersen, M.D., ISMS president, attended the Chicago Medical Society party in honor of ISMS' 150th anniversary.

Illinois Medicine **(ISSN 1044-6400 and USPS 005-244) is published bi-weekly by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS.** **Copyright 1990 by the Illinois State Medical Society.** **Second class postage paid at Chicago, IL and at additional mailing offices.**

POSTMASTER: Send address changes to *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

DuPage prenatal program resumes normal operations

by Sean McMahan

THANKS TO DUPAGE physicians, the admissions limit placed in June on the county's prenatal program has been lifted. But added physician commitment is only a short-term solution to the larger problem of providing care for the county's indigent population, said the president of the DuPage County Medical Society (DCMS).

"We are indeed glad that we came through after the sudden problem the health department faced," said E. Eliot Benezra, M.D., DCMS president. Although DCMS and county health department efforts to solicit more physician support were successful, Dr. Benezra added, "We hope that more long-term, lasting solutions can be found for the care of the indigent – not only prenatal services but other medical, surgical and psychiatric needs."

Four OB/GYN practices have volunteered since June to accept prenatal patients, and more are expected to join the program, said Millie Sweeten, prenatal program coordinator. An additional four or five practices could accept 20 more referrals per month, she said.

As of Oct. 10, 68 DuPage physicians in 30 practices were accepting referrals from the health department program, Sweeten said. An estimated 130 obstetrician/gynecologists and family physicians in the county deliver babies. Private hospitals in DuPage County have also expressed support for the program, Sweeten added.

Loyola University Medical Center in Maywood, which co-sponsors the program, accepts all high-risk patients and some low-risk patients when needed, she said. Loyola had accepted low-risk patients who could not be seen by DuPage physicians earlier in the year, but was forced to limit those admissions when the patient load became too great.

DCMS surveys physicians

In August, the DCMS surveyed the county's 263 obstetrician/gynecologists and family physicians about providing prenatal care to indigent patients. More than half of the 65 respondents now participate in the health department project.

Dr. Benezra concluded from survey answers that, "We [physicians] are concerned; we care about the needs of the underprivileged and we would like to participate more." Nevertheless, Dr. Benezra added, physicians "do a lot of charity work. It comes in different forms. The problem is [that] a lot is being asked [of physicians], combined with a lot of risk."

Dr. Benezra agreed when asked if physicians who responded to the survey are generally satisfied with the prenatal program, but were discouraged from participating further because of such factors as low reimbursement and malpractice liability. He added that many of the patients in the program are difficult to care for. "A lot of these people are young kids, runaways, people who move from place to place," he said. "They don't use prenatal care because they don't have a constructive approach to life. It's very difficult for a physician to care for them."

The DuPage County Health Department in June reduced prenatal program spaces by nearly 50 percent because the demand for care exceeded available services. When the program was launched in 1987, officials anticipated seeing about 15 patients per month. Admissions averaged 58 to 60 per month in the six months before the cutback.

More than 100 women who called in July about the prenatal program were not admitted, Sweeten said. Eighty callers were denied service in August and 60 were turned away in September.

The program has scheduled nearly 100 patients in October, Sweeten added. She attributed the higher October figure to accommodating patients not admitted earlier, growth in demand for the prenatal service and seasonal shifts in the number of pregnancies.

Prenatal program participants are screened by the health department and are then assigned to a practice for subsequent care.

The program's goal, Sweeten said, "is to have patients seen as early as possible, to have no patients go unseen and to have them seen [by physicians] as close to their homes as possible." She added, however, that patient demand in the western and northeastern parts of the county exceeds the number of participating physicians in those areas.

Long-term solutions to providing prenatal care and other medical services for the county's indigent residents must be addressed by county and state government officials, Dr. Benezra said. "We hope that legislators and politicians will recognize the rapidly growing population that is seeking health care and cannot fully afford it." ▲

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

MEDICARE NOTES

REVISION TO MEDICARE BENEFICIARY CARDS

Beneficiaries and the medical community alike have shown an obvious preference for usage of the terms Part A and Part B to refer to Medicare coverage. Many Health Care Financing Administration (HCFA) publications also stress these terms. Widespread usage of this terminology sometimes causes Medicare beneficiaries, primarily those who are newly entitled, to experience confusion over their own specific coverage as reflected on their Medicare cards.

For this reason, beginning in September, 1990 HCFA will begin to generate new and replacement Medicare beneficiary cards which identify beneficiaries' coverage as Hospital (Part A) and Medical (Part B) instead of Hospital Insurance and Medical Insurance.

All changes will be implemented in September, 1990 for plastic cards generated to beneficiaries in Puerto Rico *only*.

In mid-to-late Spring, 1991 new and replacement cards to domestic beneficiaries will also show the term Medicare as part of the header and identify the claim number as the Medicare claim number on the front. The term Medicare will be emboldened in two places on the back. These cards will show the revision date of 10/90. The Medicare cards generated to beneficiaries prior to the implementation of these changes *continue to be valid*.

The revisions only emphasize that the card is the beneficiary's Medicare card and clarify the actual coverage by showing the preferred terminology.

Social Security Administration field offices were notified not to honor beneficiary requests for replacement Medicare cards solely based on the desire to have revised ones. In order to prevent increased requests for revised Medicare cards, HCFA has deliberately not notified the beneficiary population of these minor changes.

MEDICARE B ELIGIBILITY VERIFICATION

Blue Cross and Blue Shield of Illinois, as the Medicare B carrier for Illinois, does not maintain Medicare eligibility files, therefore the carrier cannot verify Medicare B eligibility.

The Social Security Administration will verify eligibility only if the request for this information is made *in writing* and if it is accompanied by an authorization form that has been signed and dated by the patient. The SSA will no longer verify Medicare B eligibility over the telephone, effective August 27, 1990.

Please note that it is the *provider's responsibility* to obtain this information directly from the patient or from a concerned party such as a family member.

(This report is a service to the physicians of Illinois)
10/26/90

Editorials

Everyday heroes

When the Nobel Prizes in Medicine are announced, as they recently were, the recipients are generally acknowledged in the media to be medical heroes. A "hero," according to the dictionary, is a person "admired for his achievements and qualities." No one will dispute the achievements of this year's laureates; their pioneering work in developing organ and bone marrow transplant techniques has saved thousands of lives, most gratifyingly the lives of our children. Because of their efforts, medicine saves lives with kidney, heart and lung transplants and bone marrow transplants that have removed some – not all – of the dread from the word "leukemia." The medical heroes selected by this year's Nobel committee have indeed won the right to public recognition.

Not all heroes are so publicly honored, however, and this space is dedicated to some everyday heroes in the western suburbs of Chicago. Their achievement and the qualities they demonstrate will also dramatically affect and in some cases save the lives of children. These heroes are the physicians of DuPage County who recently answered the call to provide charity care for the indigent pregnant women in their area when the county prenatal/obstetric program was overwhelmed with patient demand that far outstripped physician supply. In so doing, the physicians of DuPage have demonstrated an ancient and honored axiom: charity begins at home.

As the president of DuPage County Medical Society points out, providing free care to pregnant indigent women does not begin to address the social, economic and educational factors that have resulted in this critical need in DuPage County and elsewhere. Charity care is at best a Band-Aid, not a cure. The responsibility for curing the situation must be shared across professional and societal lines if long-term solutions are to be found.

Some doctors produce cures and win public recognition. Some apply needed Band-Aids and do not. We think everyday heroes are just as, if not more, impressive than the headline variety. We are happy to recognize the doctors who will travel to Oslo later this year to put on tuxedos and receive international accolades and prizes. We are proud to salute those physicians in DuPage County who will travel to work and put on scrubs to receive into this life a child who wouldn't have had quite so good a start – or a chance – if that doctor hadn't cared enough to be there. It's those physicians, the ones whose reward will be personal satisfaction, not financial gain or public recognition, who have shown us what being a doctor, and a hero, is all about. ▲

AIDS: It affects us all

AIDS Awareness Week is Dec. 1-7. AIDS and HIV infection are a growing health care problem in Illinois and around the world. *Illinois Medicine* invites your comment on the following questions: Do you treat AIDS patients? Do physicians have an ethical obligation to treat AIDS patients? How has treating AIDS patients affected your practice and life as a physician? How does your staff respond to treating AIDS patients? If you are an educator, do you think we are adequately training physicians to treat AIDS and HIV-infected patients in medical school and through continuing education courses?

Please limit your comments to one typed, double-spaced page and send them to *Illinois Medicine*, Suite 700, Twenty North Michigan Avenue, Chicago, Ill. 60602.

Nov. 16 is the deadline for submissions to appear in an upcoming *Illinois Medicine* "Open Forum" during AIDS Awareness Week. *Illinois Medicine* reserves the right to edit all letters. ▲

Illinois Medicine

VOLUME 2, NUMBER 22 **OCTOBER 26, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

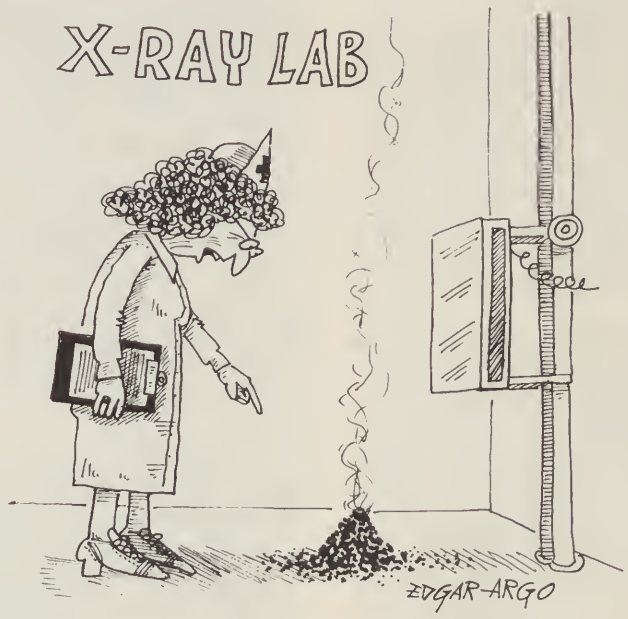
***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



"MISTER DULANEY, I WARNED YOU NOT TO MOVE OR BREATHE!"

Guest Editorial

What are you doing November 6?



by Harold L. Jensen, M.D.

Voting, if you care about what happens the next 10 years in this state and in this country.

They say legislation is made not in the halls of the legislature but in the voting booth on Election Day. Candidates, like the rest of us, have preconceived ideas on issues before running for office. Once elected, like the rest of us, a candidate doesn't often change his or her mind on an issue. If you know the candidates' stand on important issues affecting health care, you can make an informed decision in the voting booth.

How is 1990 any different from any other election year? First, Illinois will have a new governor for the first time in 14 years. The governor's race is extremely important to physicians and patients, because of that office's power to appoint state regulatory chiefs and the influence the governor can wield in the legislature.

It's important that Illinois State Medical Society (ISMS) members take a careful, long look at the candidates for governor profiled in this issue so that a pro-patient governor can be elected.

There's another reason why 1990 is different. Legislators chosen this November will draw congressional and legislative district lines that will last until the year 2000. Those who control the redistricting process control the Illinois General Assembly and control the Illinois congressional delegation for the next decade. The effects of the last redistricting can be seen in the Democrat control of both houses of the Illinois General Assembly in the 1980s. This is a direct result of the control exerted on the last redistricting process by House Majority Leader Mike Madigan.

Another important difference this year is the opportunity to fill three vacancies on the Illinois Supreme Court. In the near future, the Illinois Supreme Court will rule on the constitutionality of important tort reform and health care legislation. An unsympathetic court could be in a position to reverse many of the gains medicine has made in the legislative arena, especially in the area of malpractice.

This is your chance. In this election, you can do something about who will make crucial decisions about you and your practice. The last few issues of *Illinois Medicine*, including this one, can help you make the right decision in the voting booth.

Make sure you vote on Election Day and that every voter in your household votes. You have from 6 a.m. to 7 p.m. to fit it into your schedule. The process is painless, and in most polling places the waiting time is short. The winning margins are often so narrow that one vote, your vote, is very important.

If you don't vote, and if you don't encourage your patients and your family to vote, you've just missed the biggest opportunity you'll have for 10 years to control your own destiny.

Harold L. Jensen, M.D., Director of Medical Affairs at Ingalls Hospital, Harvey, is Chairman of the Illinois State Medical Society Political Action Committee and Immediate Past Chairman of the ISMS Board of Trustees. ▲

The hard – literally – road for the traveling doctor

FOR MANY ILLINOIS physicians of yesteryear, two of the most important contributions to medical progress were the paved road and the automobile. Thomas N. Bonner, author of *Medicine in Chicago, 1850-1950,* quotes one downstate physician as saying, "If it were not for the hard roads, we would still be doing operations in the home. [Pavement] has had much to do in lifting [medicine] from the crude pioneer level to the high level of modern medicine."

1 5 0

The endless stretches of prairie that Illinois physicians traveled in the 1800s made medicine one of the most wearisome – and treacherous – professions. On foot or on horseback, physicians traversed frozen creeks, heavy woods and raging rivers. In *Medical Care in Pioneer Illinois,* John K. Crellin quotes one physician who traveled 15 miles through flooded territory with his legs drawn up on the saddle for so long that, "I must have resembled some big bullfrog native to that region, floating on a piece of bark."

Long distances between patients also meant doctors were often taken away from home for days at a time. They frequently spent the night in the patients' homes (and, as Crellin reports, occasionally had to share their beds as well).

In time, horse-drawn buggies eased the travel burden, as did the advent of the railroad. But a physician still "spent half his life in the mud and the other half in the dust," recalled Carl E. Black, M.D., writing in the June 1946 *Bulletin of the Society of Medical History of Chicago.*

When bicycles and tricycles became fashionable in the 1880s, doctors were among their most devoted fans. The *Chicago Medical Review* gushed about the advantages of the tricycle to "medical men traveling over a level country, [who] have not only a rapid means of locomotion, but a beast that does not tire, and which is not subject to the various ills to which horseflesh is heir."

But two- and three-wheeled vehicles had relatively little impact on physicians' lives when compared to the revolution brought about by the automobile. Bonner reports that physicians were among the first to own cars, and medical journals of the early 1900s are replete with advice on treating automobiles as well as patients.

Doctors were afforded special treatment on the road because of their healing mission. Physicians making house calls were often exempt from speed laws. In Evanston, for example, they were protected from the $10 to $200 fine for exceeding the legal limit of 8 mph.

It was not long before every area of the state could be reached with relative ease. Once it had been second nature for a physician to "throw a saddle on his fastest horse and ride rapidly to the relief [of the patient]," recounted an article in the September 1968 *Illinois Medical Journal.* Fortunately, asphalt and the automobile put that aspect of "the good old days" to rest forever. ▲



Before automobiles and paved roads, Illinois physicians traveled by foot or on horseback to visit patients in their homes. Doctors carried their medications – commercial products and homemade preparations – in saddlebags. The automobile age, and the advent of paved roads, made it easier for physicians to quickly reach patients needing care.

The Pearson Museum

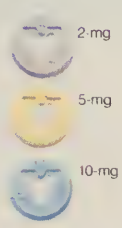


The practice is yours.
The patients are yours.
The prescriptions are yours.

Make the prescribing decision yours, too.

Check the
"May not substitute" box.

Specify VALIUM® brand of diazepam/Roche® (IV)



scored tablets

The cut out "V" design is a registered trademark of Roche Products Inc.

The one you know best.

Copyright © 1988 by Roche Products Inc.
All rights reserved.

ROCHE Roche Products
Roche Products Inc
Manati, Puerto Rico 00701

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin
President, Medit Associates

If these had been your patients, how would you have handled these cases?

Case #1

Presenting complaint and initial diagnosis – A 59-year-old widower was deeply depressed following the death of his wife. His family physician tried several anti-depressants with little effect and eventually prescribed an MAO inhibitor. Several weeks later, the patient telephoned to ask the physician if he could prescribe something for recurring rhinitis. The physician suggested he take an over-the-counter antihistaminic decongestant.

The case in brief – Two days later, the patient suffered a debilitating stroke.

The resulting claim – The patient sued the physician for negligently prescribing two contraindicated drugs, with resulting serious impairment.

The outcome of the claim – During the trial the physician said he knew the over-the-counter sinus medicine and the anti-depressant drug should not be combined, but admitted that he forgot the contraindications. The plaintiff was awarded $175,000 in damages.

Case #2

Presenting complaint and initial diagnosis – A 37-year-old single mother of three children sought care from a physician for several complaints. The doctor diagnosed hypertension and recurring acute asthmatic bronchitis and instituted treatment.

The case in brief – The physician placed the woman on the beta blocker pindolol. Several months elapsed and the patient suffered three bouts of bronchitis with asthmatic reactions. The physician prescribed a bronchodilator to relieve her distress. The woman suffered a severe attack of bronchial asthma and died.

The resulting claim – The woman's family sued the physician and the pharmacist who repeatedly filled prescriptions for both the antihypertensine medication and the bronchodilator. The suit against the physician charged wrongful death, failure to diagnose bronchial asthma and prescription of contraindicated medications. The pharmacist was charged with a breach of the duty owed to a patient when filling prescriptions.

The outcome of the claim – During the trial an expert witness testified that the beta blocker the physician had prescribed should not have been used in conjunction with an asthma medication because the antihypertensine medication constricts breathing passages and can provoke an asthma attack. The contraindications are clearly stated in the drug literature. The jury awarded the plaintiffs $1.3 million and apportioned the negligence as follows: 65 percent to the physician and 35 percent to the pharmacist.

Suspended Coverage terms for reservists revised

ILLINOIS STATE Medical Inter-Insurance Exchange members called to active duty in the National Guard or reserves can place their policies on Suspended Coverage. No premium charges will be assessed and policies may remain on Suspended Coverage as long as necessary. Members must notify the Exchange of their active-duty status, preferably in writing. Members returning from active duty must notify the Exchange before resuming active practice. ▲

The points these cases make – Medication errors are one of the most common allegations in professional liability actions. Physicians must be vigilant against inadvertently prescribing contraindicated medications. Here are some suggestions from Illinois State Medical Inter-Insurance Exchange advisers to avoid similar claims:

- Do a complete history of every patient, including a medication history. Ask about allergies and sensitivities and record them in a consistent and prominent location.
- Place a medication record in a prominent place in the chart. List all medications prescribed, including drug name, dose and instructions for use. Include any drugs prescribed by other treating physicians.
- Refer to this record when prescribing medications and note what drugs have been added or deleted.
- Ensure that dates and quantities of all refills are recorded and initialed.
- Encourage patients to maintain their own records of drugs being taken.
- When prescribing a new drug, explain possible side effects and adverse effects to patients. Impress on each patient what to watch for and when to call in to report developing adverse reactions.
- Be familiar with drug interactions, especially for medications most commonly prescribed.
- Consult available resources, including the drug literature, drug companies and pharmacists. ▲

MEDICATION SUMMARY

CASE NUMBER
PATIENT NAME
DOCTOR

DATE	MEDICATION ORDERED	INSTRUCTIONS (DOSAGE)	NUMBER RENEWALS	MD'S INIT.	ADVERSE REACTION

EXAMPLE

LEAVE BLANK LINES EQUIVALENT TO NUMBER OF AUTHORIZED RENEWALS – COMPLETE ONE LINE WITH EACH RENEWAL

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

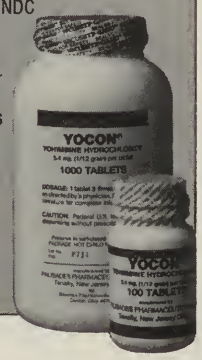
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES
PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083



Although it sometimes seems hard to tell in a campaign dominated by talk of taxes, gubernatorial candidates Jim Edgar and Neil Hartigan have divergent opinions on just about every issue. Health care is no exception. Secretary of State Edgar and Attorney General Hartigan say Illinois must significantly improve access to quality care, especially for the indigent, but they sharply disagree on how to do it. Edgar advocates working within the present system by expanding health programs in indigent communities, while Hartigan believes an overhaul of the whole health care system is in order. Edgar strongly supports caps on non-economic damage awards in malpractice cases to lower health care costs; Hartigan does not believe malpractice caps achieve their desired aims. There is one issue on which the candidates do agree: the right of a terminally ill patient to deny life-sustaining medical treatment. Both advocate living wills and durable powers of attorney to settle legal or ethical questions about the patient's intentions.

Edgar provided position papers and was interviewed by Illinois Medicine, *while Hartigan supplied a detailed, five-page response to written questions. A summary of their responses follows.*

Edgar, Hartigan diverge on health care issues

Jim Edgar – Republican

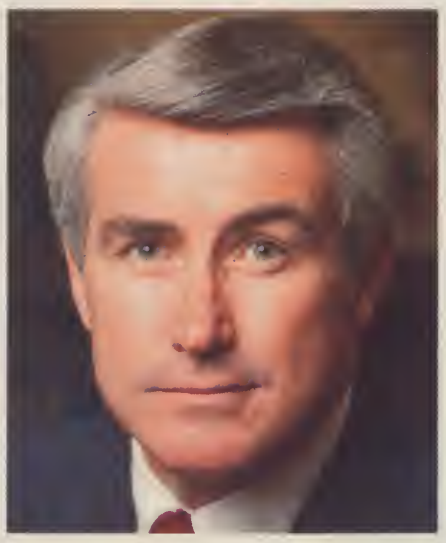
Illinois is squandering its limited health care funding by paying for the wrong services, said Republican gubernatorial candidate Jim Edgar. Medicaid recipients in particular often do not seek medical attention until they become seriously ill, and "it's much more expensive to treat them," he said. The state must assure access to quality health care, the two-term secretary of state said, adding that access barriers may be one reason patients do not routinely visit physicians, opting instead for care in hospital emergency rooms.

Prevention and early intervention are the crux of Edgar's health care plan for Illinois. "Too often in our society, we've been penny-wise and pound-foolish when it comes to prevention," he noted. "We need to educate the public more about proper nutrition and how to contact a physician so [patients] can nip any illness in the bud. It's much easier to deal with a cold than a more serious illness." He looks to public health officials to assume expanded leadership roles in promoting preventive practices to the public. Edgar stresses the need for additional clinics to treat the state's indigent population, especially maternal health clinics where mothers can better learn to care for ill children.

Although considerable access problems loom in parts of Illinois, Edgar said scrapping the current health care system and embracing universal health care is not the solution. "I think [universal health care] is one of those things that sounds good," he said. "I just don't think we have the money. I don't see how it could work [and] the state could not pay the bill at this time. My hope is that we'll be able to find ways to cut medical costs so we can use what dollars we have more effectively."

"We've been penny-wise and pound-foolish when it comes to prevention."

State government can hold down skyrocketing medical costs by enacting tort reform, he said, adding that as the first non-lawyer Illinois chief executive in 30 years, he would actively fight the trial lawyers' lobby and push for needed tort changes. He advocates caps on non-economic damage awards, which he said would lower medical malpractice insurance rates and health care costs. States that have already enacted tort reform boast lower insurance costs and more affordable health care, he said. Caps also would allow physi-



cians to stop practicing "defensive medicine" because the threat of spurious lawsuits would diminish, Edgar said. "And then we can spend our resources on more important services when it comes to health care," he added.

Another way Edgar cites to control rising health care costs is for federal, state and local governments to agree on distinct lines of responsibility for financing indigent care. "We still haven't sorted out whose responsibility it is to do what [among] federal, state and local government when it comes to health care," Edgar said. "I think the [Chicago and Cook County Health Care] Summit was an attempt to do that on the local level, but I think there is probably going to have to be a lot more discussion among the various governmental agencies as to who's responsible for what." The private sector must be included in this dialogue, he said, because any decisions will affect private health care interests. Edgar said he wants to move the state away from the present reimbursement procedures that force the private sector to subsidize an inordinate proportion of health care costs.

He said the health care summit "maybe didn't achieve as much as we'd hoped" because two of the three leaders who convened it – Gov. James R. Thompson and Cook County Board President George Dunne – are "lame ducks." The summit recommendations are a starting point, he said. "But one thing we have to be careful of in Cook County is that we just don't rebuild Cook County Hospital with all the problems it's had in the past being a patronage haven," Edgar said. "I think one of the approaches I'd like to see us take is to work with existing hospitals – many of whom have empty hospital beds – and see if we can make use of those [facilities instead of] building another large structure for Cook County Hospital as some have suggested." ▲

Neil Hartigan – Democrat

Even though Illinois spends more than $2 billion annually on Medicaid, the state's health care system is in dire straits, said Democrat gubernatorial candidate Neil Hartigan in a statement prepared for *Illinois Medicine*. To cure the ills of the state's health care system, Hartigan supports a state health care plan that he said builds on the recommendations of the Chicago and Cook County Health Care Summit, the Rural Health Care Task Force Report and input from health care experts and advocates. "I want Illinois to be recognized as a model for other states of how to establish and support a multipayer, coordinated, inclusive, cost-effective health care delivery system," he said.

Saying that only the federal government can guarantee health insurance coverage for all citizens, Hartigan said he will work to assure that all Illinois residents have access to health insurance through Medicaid, Medicare or private coverage. In addition, he would restructure the state's Medicaid program by streamlining management and "adopting a client-oriented, integrated, managed-care system" to assure access to care. "The aim of the public health care system will be on purchasing service from community-based care givers along a continuum of care with a heavy emphasis on preventive, primary and chronic care when needed," said the two-term attorney general.

The various state agencies administering Illinois' public health services and programs "are falling all over each other," he said. To coordinate these agencies, Hartigan said he will create a state board of health comprising agency directors. He said he also will establish local health care advisory councils of health care providers, business and labor leaders, and consumers to identify lacking services, offer recommendations for programs to fill unmet needs, and monitor the quality and effectiveness of the entire health care system.

The state has failed to address the troubles of its trauma system, in both urban and rural areas, Hartigan said. In Chicago, in particular, hospitals are leaving the trauma system because their emergency rooms are losing money, he said, adding that in rural areas, trauma units are often staffed by professionals with inadequate trauma training. He said he would explore requiring Medicaid primary care providers to build relationships with neighborhood clinics that have evening and weekend hours to treat their patients when they are not available. "This reduces inappropriate emergency room costs



and the need for the hospital to go on bypass because of the inefficient use of emergency room facilities," Hartigan said.

Current state health care policies focus on "placing hospitals and providers at each other's throats, competing for patients without regard to doctor/patient/hospital relationships, and access and quality concerns," he said. To correct this, Hartigan seeks an equitable balance between provider costs and public sector reimbursement rates.

"I want Illinois to be recognized as a model for other states of how to establish and support a multipayer ... cost-effective health care delivery system."

Hartigan promises to address the problems of the medical malpractice arena, but not through caps on non-economic damages. He claims no evidence to date justifies caps as a means of decreasing premiums or increasing coverage availability. High annual premiums and low availability "tend to be cyclical occurrences having more to do with the business practices of the insurance industry than with the legal system," he said. Hartigan proposes working with the medical community to develop practice standards and protocols and tie their use to protection from malpractice claims. "Maine is working with its medical society to develop such a system," he said. "I want to work with [organized medicine] and other medical experts to do likewise. This approach offers protection to both medical providers and the consumer." ▲

These reports were compiled by senior news editor Tamara Strom.

FROM THE ILLINOIS
NEWS
DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

APRIL 1990

The physician and surgeon license of Quirino Go, Chicago, was indefinitely SUSPENDED for a minimum of five (5) years after he pled guilty to vendor fraud from the Department of Public Aid.

The physician and surgeon license of Chinnaswamy Ramaswamy, Newburg, Indiana, was placed on probation for two (2) years after his license was revoked by the New Mexico Board of Medical Examiners based on fraudulent statements made on his application for licensure.

The physician and surgeon license and controlled substances licenses of Luis Perez-Reyes, Chicago, were SUSPENDED pending proceedings before the Medical Disciplinary Board of the State of Illinois.

The physician and surgeon license of Luisito Evangelista, Burr Ridge, was reprimanded and he was fined fifteen hundred dollars ($1,500) after he prescribed various controlled substances to patients while his controlled substances license was in nonrenewed status.

The physician and surgeon license of Charles A. Kallick, Demont, was reprimanded and he was fined thirty five hundred dollars ($3,500) after he practiced while his medical license was not renewed.

The physician and surgeon license of Robert Bormes, Chicago, was reprimanded after his conduct in the care and treatment of a patient was the subject of a lawsuit and his conduct was done in a manner which was alleged to constitute negligence.

The physician and surgeon license of Avner Kauffman, Orland Park, was reprimanded and he was fined one thousand dollars ($1,000) after he practiced medicine while his license was in a nonrenewed status.

The physician and surgeon license of Walter Fried, Gurnee, was reprimanded and he was fined five hundred ($500) after he may have caused to be distributed public relations materials, newsletters, or advertisements which contained materials that the Department considers to be testimonials.

The physician and surgeon license of Agustin Nang, Skokie, was suspended for ninety (90) days, followed by two (2) years' probation and a fine of fifteen hundred dollars ($1,500) after he was found guilty of vendor fraud.

The physician and surgeon license of Allen Stuart Palmer, Bridgeton, Missouri, was reprimanded and he was fined one thousand dollars ($1,000) after he pled guilty to filing a false corporate return in Missouri.

(continued on page 9)



ESTRADERM®
estradiol transdermal system

Continuous delivery for twice-weekly application.
BRIEF SUMMARY OF PRESCRIBING INFORMATION.
PLEASE SEE FULL PRESCRIBING INFORMATION.

ESTROGENS HAVE BEEN REPORTED TO INCREASE THE RISK OF ENDOMETRIAL CARCINOMA.

Three independent case control studies have reported an increased risk of endometrial cancer in postmenopausal women exposed to exogenous estrogens for more than 1 year. This risk was independent of the other known risk factors for endometrial cancer. These studies are further supported by the finding that incidence rates of endometrial cancer have increased sharply since 1969 in eight different areas of the United States with population-based cancer-reporting systems, an increase which may be related to the rapidly expanding use of estrogens during the last decade.

The three case control studies reported that the risk of endometrial cancer in estrogen users was about 4.5-13.9 times greater than in nonusers. The risk appears to depend both on duration of treatment and on estrogen dose. In view of these findings, when estrogens are used for the treatment of menopausal symptoms, the lowest dose that will control symptoms should be utilized and medication should be discontinued as soon as possible. When prolonged treatment is medically indicated, the patient should be reassessed on at least a semiannual basis to determine the need for continued therapy. Although the evidence must be considered preliminary, one study suggests that cyclic administration of low doses of estrogen may carry less risk than continuous administration; it therefore appears prudent to utilize such a regimen.

Close clinical surveillance of all women taking estrogens is important. In all cases of undiagnosed persistent or recurring abnormal vaginal bleeding, adequate diagnostic measures should be undertaken to rule out malignancy.

There is no evidence at present that "natural" estrogens are more or less hazardous than "synthetic" estrogens at equiestrogenic doses.

ESTROGENS SHOULD NOT BE USED DURING PREGNANCY.

The use of female sex hormones, both estrogens and progestogens, during early pregnancy may seriously damage the offspring. It has been shown that women who had been exposed *in utero* to diethylstilbestrol, a nonsteroidal estrogen, have an increased risk of developing in later life a form of vaginal or cervical cancer that is ordinarily extremely rare. This risk has been estimated as not greater than 4 per 1000 exposures. Furthermore, a high percentage of such exposed women (30-90%) have been found to have vaginal adenosis, epithelial changes of the vagina and cervix. Although these changes are histologically benign, it is not known whether they are precursors of malignancy. Although similar data on the use of other estrogens are not available, it cannot be presumed they would not induce similar changes.

Several reports suggest an association between intrauterine exposure to female sex hormones and congenital anomalies, including congenital heart defects and limb-reduction defects. One case control study estimated a 4.7-fold increased risk of limb-reduction defects in infants who had been exposed *in utero* to sex hormones (oral contraceptives, hormone withdrawal tests for pregnancy, or attempted treatment for threatened abortion). Some of these exposures were very short and involved only a few days of treatment. The data suggest that the risk of limb-reduction defects in exposed fetuses is somewhat less than 1 per 1000.

In the past, female sex hormones have been used during pregnancy in an attempt to treat threatened or habitual abortion. There is considerable evidence that estrogens are ineffective for these indications, and there is no evidence from well-controlled studies that progestogens are effective for these uses.

If Estraderm is used during pregnancy, or if the patient becomes pregnant while taking this drug, she should be apprised of the potential risks to the fetus and of the advisability of continuation of the pregnancy.

INDICATIONS AND USAGE

Estraderm is indicated for the treatment of the following: moderate-to-severe vasomotor symptoms associated with menopause; female hypogonadism; female castration; primary ovarian failure; and atrophic conditions caused by deficient endogenous estrogen production, such as atrophic vaginitis and kraurosis vulvae.

CONTRAINDICATIONS

Estrogens should not be used in women or men with any of the following conditions:

1. known or suspected cancer of the breast;
2. known or suspected estrogen-dependent neoplasia;
3. known or suspected pregnancy (see Boxed Warning);
4. undiagnosed abnormal genital bleeding;
5. active thrombophlebitis or thromboembolic disorders;
6. history of thrombophlebitis, thrombosis, or thromboembolic disorders associated with previous estrogen use.

WARNINGS

1. *Induction of Malignant Neoplasms.* Long-term continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, cervix, vagina, and liver. There are now reports that estrogens increase the risk of carcinoma of the endometrium in humans. (See Boxed Warning.)

At the present time, there is no satisfactory evidence that estrogens given to postmenopausal women increase the risk of breast cancer, although a recent long-term follow-up of a single physician's practice has raised this possibility. Because of the animal data, there is a need for caution in prescribing estrogens for women with a strong family history of breast cancer or who have breast nodules, fibrocystic disease, or abnormal mammograms.

2. *Gallbladder Disease.* A recent study has reported a two- to threefold increase in the risk of surgically confirmed gallbladder disease in postmenopausal women receiving oral estrogens, similar to the twofold increase previously noted in users of oral contraceptives.

3. *Effects Similar to Those Caused by Estrogen-Progestogen Oral Contraceptives.* There are several serious adverse effects of oral contraceptives and other high-dose oral estrogen treatments, most of which have not, up to now, been documented as consequences of postmenopausal estrogen replacement therapy. This may reflect the comparatively low doses of estrogen used in postmenopausal women.

a. *Thromboembolic Disease.* It is now well established that users of oral contraceptives have an increased risk of various thromboembolic and thrombotic vascular diseases, such as thrombophlebitis, pulmonary embolism, stroke, and myocardial infarction. Cases of retinal thrombosis, mesenteric thrombosis, and optic neuritis have been reported in oral contraceptive users. There is evidence that the risk of several of these adverse reactions is related to the dose of the drug. An increased risk of postsurgery thromboembolic complications has also been reported in users of oral contraceptives. If feasible, estrogen should be discontinued at least 4 weeks before surgery of the type associated with an increased risk of thromboembolism, or during periods of prolonged immobilization.

While an increased rate of thromboembolic and thrombotic disease in postmenopausal users of estrogens has not been found, this does not rule out the possibility that such an increase may be present or that subgroups of women who have underlying risk factors or who are receiving relatively large doses of estrogens may have increased risk. Therefore, estrogens should not be used in persons with active thrombophlebitis or thromboembolic disorders, and they should not be used in persons with a history of such disorders in association with estrogen use. They should be used with caution in patients with cerebral vascular or coronary artery disease and only for those in whom estrogens are clearly needed.

Large doses of estrogen (5 mg conjugated estrogens per day), comparable to those used to treat cancer of the prostate and breast, have been shown in a large prospective clinical trial in men to increase the risk of nonfatal myocardial infarction, pulmonary embolism, and thrombophlebitis. When estrogen doses of this size are used, any of the thromboembolic and thrombotic adverse effects associated with oral contraceptive use should be considered a clear risk.

b. *Hepatic Adenoma.* Benign hepatic adenomas have been associated with the use of oral contraceptives. Although benign and rare, these tumors may rupture and cause death from intra-abdominal hemorrhage. Such lesions have not yet been reported in association with other estrogen or progestogen preparations, but they should be considered if abdominal pain and tenderness, abdominal mass, or hypovolemic shock

ESTRADERM lives up to them.

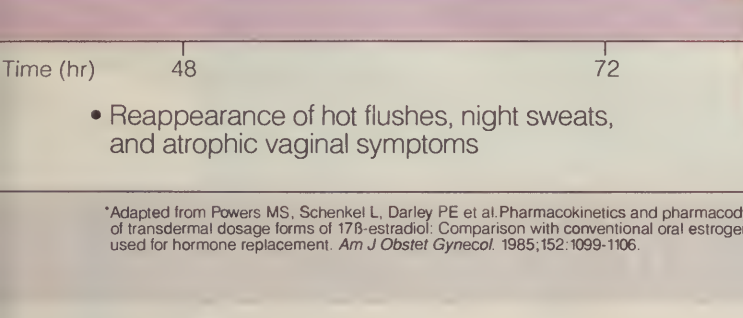
ESTRADERM maintains delivery of 17ß-estradiol direct to the bloodstream just like the ovaries; continuous delivery minimizes therapeutic peaks and valleys.



ESTRADERM®
estradiol transdermal system

- Excess endometrial stimulation
- Unscheduled bleeding
- Breast tenderness
- Fluid retention
- Nausea

with ESTRADERM 0.05 mg/day*



- Reappearance of hot flushes, night sweats, and atrophic vaginal symptoms

*Adapted from Powers MS, Schenkel L, Darley PE et al. Pharmacokinetics and pharmacodynamics of transdermal dosage forms of 17ß-estradiol: Comparison with conventional oral estrogens used for hormone replacement. *Am J Obstet Gynecol.* 1985;152:1099-1106.

occurs in patients receiving estrogen. Hepatocellular carcinoma has also been reported in women taking estrogen-containing oral contraceptives. The causal relationship of this malignancy to these drugs is not known.
c. *Elevated Blood Pressure.* Women using oral contraceptives sometimes experience increased blood pressure which, in most cases, returns to normal upon discontinuing the drug. There is now a report that this may occur with use of oral estrogens in the menopause and blood pressure should be monitored with estrogen use, especially if high doses are used. Ethinyl estradiol and conjugated estrogens have been shown to increase renin substrate. In contrast to these oral estrogens, transdermally administered estradiol does not affect renin substrate.
d. *Glucose Tolerance.* A worsening of glucose tolerance has been observed in a significant percentage of patients on estrogen-containing oral contraceptives. For this reason, diabetic patients should be carefully observed while receiving estrogen.
4 *Hypercalcemia.* Administration of high doses of estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases. If hypercalcemia occurs, use of the drug should be stopped and appropriate measures should be taken to reduce the serum calcium level.

PRECAUTIONS
General
1. A complete medical and family history should be taken before initiation of any estrogen therapy. The pretreatment and periodic physical examinations should include special reference to blood pressure, breasts, abdomen, and pelvic organs, as well as a cervical Papanicolaou test. As a general rule, estrogen should not be prescribed for longer than 1 year without another physical examination being performed.
2. Because estrogens may cause some degree of fluid retention, careful observation is required when conditions that might be influenced by this factor are present (e.g., asthma, epilepsy, migraine, and cardiac or renal dysfunction).
3. Certain patients may develop undesirable manifestations of excessive estrogenic stimulation, such as uterine bleeding, mastodynia, etc.
4. Prolonged administration of unopposed estrogen therapy has been reported to increase the risk of endometrial hyperplasia in some patients. Estrogens should be used with caution in patients who have or have had endometriosis.
5. Studies of the addition of a progestin for 7 or more days of a cycle of estrogen administration have reported a lowered incidence of endometrial hyperplasia. Morphological and biochemical studies of endometrium suggest that 12 to 13 days of progestin are needed to provide maximal maturation of the endometrium and to eliminate any hyperplastic changes. Whether this will provide protection from endometrial carcinoma has not been clearly established. There are possible additional risks that may be associated with the inclusion of progestin in estrogen replacement regimens. The potential risks include adverse effects on carbohydrate and lipid metabolism. The choice of progestin and dosage may be important in minimizing these adverse effects.
6. Oral contraceptives appear to be associated with an increased incidence of mental depression. Although it is not clear whether this is due to the estrogenic or progestogenic component of the contraceptive, patients with a history of depression should be carefully observed.
7. Preexisting uterine leiomyomata may increase in size during prolonged estrogen use. If this occurs, estrogen therapy should be discontinued while the cause is investigated.
8. In patients with a history of jaundice during pregnancy, there is an increased risk that jaundice will recur with the use of estrogen-containing oral contraceptives. If jaundice develops in any patient receiving estrogen, the medication should be discontinued while the cause is investigated.
9. Estrogens may be poorly metabolized in patients with impaired liver function and should be administered with caution in such patients.
10. Because the prolonged use of estrogens influences the metabolism of calcium and phosphorus, estrogens should be used with caution in patients with metabolic bone diseases associated with hypercalcemia and in patients with renal insufficiency.

Information for Patients
See Patient Package Insert printed below.

Drug/Laboratory Test Interactions
The results of certain endocrine and liver function tests may be affected by estrogen-containing oral contraceptives. The following changes have been observed with large doses of oral estrogen:
1. increased sulfobromophthalein retention;
2. increased prothrombin time; increased factors VII, VIII, IX, and X; decreased antithrombin 3; increased norepinephrine-induced platelet aggregability;
3. increased thyroxine-binding globulin (TBG), leading to increased circulating total thyroid hormone (T_4) as measured by column or radioimmunoassay; free T_3 resin uptake is decreased, reflecting the elevated TBG; free T_4 concentration is unaltered; TBG was not affected in clinical trials of Estraderm;
4. reduced response to the metyrapone test;
5. reduced serum folate concentration;
6. increased serum triglyceride and phospholipid concentration, and decreased pregnanediol excretion.

The pathologist should be informed that the patient is receiving estrogen therapy when relevant specimens are submitted.

Carcinogenesis, Mutagenesis, Impairment of Fertility
See WARNINGS and Boxed Warning.
Long-term continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, cervix, vagina, and liver.

Pregnancy Category X
See CONTRAINDICATIONS and Boxed Warning.
Estrogens should not be used during pregnancy.

Nursing Mothers
As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk.

ADVERSE REACTIONS
See WARNINGS and Boxed Warning regarding potential adverse effects on the fetus, induction of malignant neoplasms, increased incidence of gallbladder disease, and adverse effects similar to those of oral contraceptives, including thromboembolism.
The most commonly reported adverse reaction to Estraderm in clinical trials was redness and irritation at the application site. This occurred in about 17% of the women treated and caused approximately 2% to discontinue therapy. Reports of rash have been rare.
The following additional adverse reactions have been reported with estrogenic therapy, including oral contraceptives:
Genitourinary System: Breakthrough bleeding, spotting, change in menstrual flow; increase in size of uterine fibromyomata; change in cervical erosion and amount of cervical secretion.
Endocrine: Breast tenderness, breast enlargement.
Gastrointestinal: Nausea, vomiting; abdominal cramps, bloating; cholestatic jaundice have been observed with oral estrogen therapy.
Eyes: Steepening of corneal curvature; intolerance to contact lenses.
Central Nervous System: Headache, migraine, dizziness.
Miscellaneous: Change in weight, edema, change in libido.

HOW SUPPLIED
Estraderm 0.05 (estradiol transdermal system)—each 10 cm^2 system contains 4 mg of estradiol USP for nominal* delivery of 0.05 mg of estradiol per day
Patient Calendar Pack of 8 Systems .....NDC 0083-2310-08
Carton of 6 Patient Calendar Packs of 8 Systems .....NDC 0083-2310-62
Carton of 1 Patient Calendar Pack of 24 Systems .....NDC 0083-2310-24
Estraderm 0.1 (estradiol transdermal system)—each 20 cm^2 system contains 8 mg of estradiol USP for nominal* delivery of 0.1 mg of estradiol per day
Patient Calendar Pack of 8 Systems .....NDC 0083-2320-08
Carton of 6 Patient Calendar Packs of 8 Systems .....NDC 0083-2320-62
Carton of 1 Patient Calendar Pack of 24 Systems .....NDC 0083-2320-24
*See DESCRIPTION.

Do not store above 86°F (30°C).

Do not store unpouched. Apply immediately upon removal from the protective pouch.

C88-23 (Rev. 8/88)

CIBA
CIBA Pharmaceutical Company
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

©1990, CIBA.

109-4234-A

IDPR Disciplines *(continued from page 8)*

The physician and surgeon license of Joseph Baumgart, Sycamore, was placed on probation for two (2) years after his surgical privileges at Kishwaukee Community Hospital were voluntarily restricted on recommendation of the medical staff executive committee and by approval of the Kishwaukee Community Hospital Board of Directors.

The physician and surgeon license of Chin Fong Tsai, Zion, was placed on indefinite probation for a minimum of three (3) years and his controlled substance license was indefinitely suspended for a minimum of two (2) years after a review of his patient files revealed possible excessive prescribing of controlled substances in his treatment of approximately eight (8) patients.

Non-disciplinary actions
It is ordered that Caroline Turner, Chicago, and each of her agents and employees immediately CEASE AND DESIST from further representation that she is a medical doctor in accordance with the Medical Practice Act.

Charlotte Ho, Oak Park, voluntarily surrendered her physician and surgeon license for health reasons.

MAY 1990

The physician and surgeon license of Teresita Almazon, Aurora, was reprimanded and fined five thousand dollars ($5,000) after she aided and abetted the unlicensed practice of her husband, a medical school graduate.

The physician and surgeon license and the controlled substances license of Erwin Roubicek, Rock Falls, were placed on probation for a period of two (2) years after he distributed office sample drugs for other than medically therapeutic purposes.

The physician and surgeon license of Ernest Rose, Charleston, was placed on probation for three (3) years after he received Sister State discipline in Iowa and had conditions placed upon his license in Kentucky.

The temporary medical license of James P. Weber, Oak Lawn, was issued an extension of sixteen (16) months, which will be probational, after it was learned that prior to his last year in medical school, he developed a health problem that may have impaired him in the practice of medicine.

The physician and surgeon license of Harbans K. Deol, Des Plaines, was placed on probation for three (3) years after falsifying a laboratory test result during the course of providing medical care to a patient.

The physician and surgeon license of Francisco Edgardo Rodriguez, Salt Lake City, UT, was placed on probation for five (5) years after his license as a physician and surgeon was REVOKED by the state of Louisiana.

The physician and surgeon license of Suzan Sakhuja, Chicago, was placed on probation for eighteen (18) months after she filled prescriptions from her Medical Center that were written by other physicians not associated with her Medical Center. ▲



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

****Bettag**
Otto L. Bettag, M.D., of Chicago, died June 26, 1990 at the age of 84. Dr. Bettag was a 1932 graduate of the University of Iowa College of Medicine, Iowa City.

****Blondis**
Erness R. Blondis, M.D., of Lemont, died June 15, 1990 at the age of 82. Dr. Blondis was a 1933 graduate of Case Western Reserve University School of Medicine, Cleveland, OH.

****Bowman**
J.A. Bowman, M.D., of Abingdon, died May 7, 1990 at the age of 79. Dr. Bowman was a 1939 graduate of the University of Illinois College of Medicine, Chicago.

****Brazis**
Peter Brazis, M.D., of Palos Heights, died August 24, 1990 at the age of 78. Dr. Brazis was a 1938 graduate of Loyola University Stritch School of Medicine, Chicago.

***Burke**
George H. Burke Jr., M.D., of Springfield, died June 1, 1990 at the age of 68. Dr. Burke was a 1945 graduate of the University of Michigan Medical School, Ann Arbor.

Carlson
Robert E. Carlson, M.D., of Elmhurst, died July 5, 1990 at the age of 45. Dr. Carlson was a 1970 graduate of Loyola University Stritch School of Medicine, Chicago.

***Cho**
Yong I. Cho, M.D., of Mt. Vernon, died July 10, 1990 at the age of 47. Dr. Cho was a 1968 graduate of the College of Medicine, Catholic University, Seoul, South Korea.

****Cole**
Warren H. Cole, M.D., of Asheville, NC (formerly of Chicago), died May 25, 1990 at the age of 91. Dr. Cole was a 1920 graduate of Washington University School of Medicine, St. Louis, MO.

****Cook**
Mario V. Cook, M.D., of Morton Grove, died May 30, 1990 at the age of 75. Dr. Cook was a 1939 graduate of Loyola University Stritch School of Medicine, Chicago.

***Doerscheln**
Wilbur J. Doerscheln, M.D., of Evanston, died July 30, 1990 at the age of 73. Dr. Doerscheln was a 1943 graduate of the University of Illinois College of Medicine, Chicago.

***Drake**
Fenton G. Drake, M.D., of Springfield, died July 29, 1990 at the age of 64. Dr. Drake was a 1952 graduate of St. Louis University School of Medicine, St. Louis, MO.

***Dykes**
Michael H.M. Dykes, M.D., of LaGrange, died July 1, 1990 at the age of 58. Dr. Dykes was a 1957 graduate of Cambridge University Medical School, Cambridge, England.

***Field**
Robert E. Field, M.D., of Olympia Fields, died June 3, 1990 at the age of 70. Dr. Field was a 1943 graduate of Northwestern University Medical School, Chicago.

****Finder**
Jerome G. Finder, M.D., of Chicago, died July 10, 1990 at the age of 84. Dr. Finder was a 1932 graduate of the University of Illinois College of Medicine, Chicago.

***Fischer**
Arthur R. Fischer, M.D., of Westchester, died July 20, 1990 at the age of 68. Dr. Fischer was a 1946 graduate of the University of Illinois College of Medicine, Chicago.

****Fleming**
John A. Fleming, M.D., of Chicago, died June 19, 1990 at the age of 76. Dr. Fleming was a 1940 graduate of Howard University College of Medicine, Washington, D.C.

***Ganchoff**
Barbara Ganchoff, M.D., of Elmhurst, died May 29, 1990 at the age of 54. Dr. Ganchoff was a 1962 graduate of the Medical College of Wisconsin, Milwaukee.

***Garces**
Rafael M. Garces, M.D., of Northbrook, died June 13, 1990 at the age of 71. Dr. Garces was a 1957 graduate of Facultad de Medicina de la Universidad de La Habana, Havana, Cuba.

****Graf**
Edwin C. Graf, M.D., of Kenilworth, died July 8, 1990 at the age of 75. Dr. Graf was a 1940 graduate of Northwestern University Medical School, Chicago.

Grossman
Burton Grossman, M.D., of Chicago, died May 5, 1990 at the age of 65. Dr. Grossman was a 1949 graduate of the University of Chicago Pritzker School of Medicine.

****Hayden**
Helen Hayden, M.D., of Chicago, died August 15, 1990 at the age of 87. Dr. Hayden was a 1928 graduate of Rush Medical College, Chicago.

***Hopkins**
William C. Hopkins, M.D., of Palos Hills, died April 7, 1990 at the age of 67. Dr. Hopkins was a 1951 graduate of Northwestern University Medical School, Chicago.

***Katrana**
Nicholas J. Katrana, M.D., of East Moline, died June 26, 1990 at the age of 70. Dr. Katrana was a 1944 graduate of Northwestern University Medical School, Chicago.

***Kolokoff**
Louis Kolokoff, M.D., of Oak Park, died April 9, 1990 at the age of 68. Dr. Kolokoff was a 1952 graduate of Chicago Medical School.

****Kram**
David D. Kram, M.D., of Chicago, died May 12, 1990 at the age of 83. Dr. Kram was a 1930 graduate of Northwestern University Medical School, Chicago.

For Your Patient Referral Needs

One Call Gets Us All
1-800-472-3660
or
Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex

MEDICAL COLLEGE OF WISCONSIN

Three seats open on Illinois Supreme Court

ALTHOUGH candidates for the Illinois Supreme Court run low-key campaigns and are prohibited by judicial ethics from discussing issues they may one day rule on, those who prevail on Election Day will help shape judicial opinion in this state for the next 10 years. Three seats on the seven-member court are at stake – two in the First District, which encompasses Cook County, and one in north central Illinois' Third District. Candidates are elected to 10-year terms and can run for re-election as often as they wish.

Political analysts do not expect any surprises in the two Democrat-dominated First District races, but a tight race in the Third District may bring a fifth Democrat to the court. Some observers, however, say that the role of politics in the Supreme Court elections is overplayed.

"It's very rare that the court [decides] issues where politics is important," said Jim B. Haddad, a Northwestern University law professor. The Oct. 12 Supreme Court decision denying the Harold Washington Party a spot on the ballot is a rare example where justices voted along party lines, Haddad said.

Abortion and the right to die are among those issues affecting physicians that may reach the Illinois Supreme Court's docket in the coming years, legal experts say, as the U.S. Supreme Court has delegated jurisdiction on these matters to the states.

Buckley vs. Freeman

Appellate Justice Robert Chapman Buckley and Appellate Justice Charles E. Freeman are vying for the vacant First District seat of former Supreme Court Justice Seymour Simon, who resigned two years ago. Justice John J. Stamos, appointed by the Supreme Court to finish Simon's term, decided not to run in the November election. Buckley, the Republican candidate, was appointed by the Illinois Supreme Court to the appellate court in 1978, and retained his seat by winning in 1982.

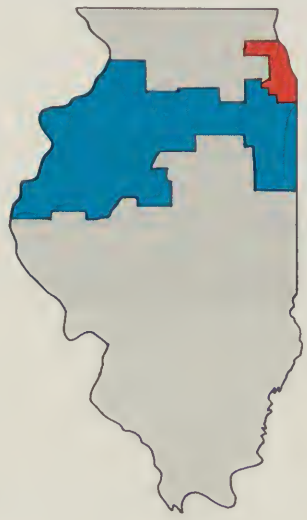


Robert C. Buckley
Republican

Buckley, 66, recently switched parties after beginning his career as the only Democrat from suburban Cook County to win a court seat. He has held judicial positions since 1959, including magistrate of the Cook County Circuit Court, associate judge and circuit court judge.

Judicial Districts for Supreme Court Judges

The First District appears in red; the Third District appears in blue.



Democrat Freeman, 57, was an arbitrator for the Illinois Industrial Commission and an Illinois Commerce Commission member before his election to the Cook County Circuit Court in 1976. He was elected an appellate judge in 1986. Freeman has ties to the late Chicago Mayor Harold Washington's administration, and his campaign disclosure forms reveal contributions from numerous prominent plaintiffs' attorneys.



Charles E. Freeman
Democrat

Boharic vs. Bilandic

The First District contest for retiring Justice Daniel P. Ward's seat pits Circuit Court Judge Robert V. Boharic against Appellate Justice and former Chicago Mayor Michael A. Bilandic. Boharic, 44, the Republican candidate, has been a Cook County Circuit Court judge in the Criminal Division since 1985. He was in private practice for four years and served as an assistant Cook County state's attorney for eight years before being elected to the circuit court.



Robert V. Boharic
Republican

In his campaign literature, Boharic emphasizes that his criminal law background makes him well-suited for a Supreme Court seat. He also stresses his political independence, calling his opponent, "a product of a political machine."

Bilandic, 67, a practicing attorney for more than 40 years, was elected to the First District Appellate Court in 1984. As alderman from the late Mayor Richard J. Daley's 11th Ward, he was Daley's Finance Committee chairman and City Council floor leader. The City Council elected him acting mayor when Daley died in 1977, but Bilandic lost the mayoral post to Jane Byrne in the 1979 Democratic primary. His Supreme Court bid is entirely self-financed.



Michael A. Bilandic
Democrat

Heiple vs. Barry

Election experts foresee a close race in the Third District, which stretches across north central Illinois from Rock Island to Kankakee. Two appellate judges are vying for the seat vacated by Howard C. Ryan, who observers regarded as the Supreme Court's most conservative voice.



James D. Heiple
Republican

Republican James D. Heiple, 56, a former law clerk for Ryan, shares his conservative views. He was a circuit court judge for 10 years before his election to the Third District Appellate Court in 1980.

"I believe in the rule of law and the time-honored precept that we are a government of laws and not of men," Heiple states in his campaign literature. "I deplore social engineering through the courts whereby judges substitute their own personal whims and prejudices for legal principles."



Tobias Barry
Democrat

Democrat Tobias "Toby" Barry, 66, has been a Third District appellate justice for 15 years. He was also a state representative for 14 years.

"In recent years, I think it is fair to say that the court system has lost respect," Barry said in a position statement. "Polls indicate that there is uncertainty about fairness, and [court] backlogs have made the system inaccessible for those who can't afford to wait. [There] is a growing impression that judges can be influenced in decisions like everyone else. I want to be a part of earning and keeping the respect for the judicial system that is essential to its proper working."

As of June 30, Barry's campaign had raised nearly $70,000, including contributions from several Chicago-area labor unions and some trial attorneys. ▲

Announcement

American Medical Association
Hospital Medical Staff Section
Sixteenth Assembly Meeting
November 29 - December 3, 1990

Medical Staffs from across the country are encouraged to elect a medical staff representative to participate in the AMA-HMSS Assembly Meeting November 29 - December 3, 1990 at The Peabody Orlando in Orlando, Florida.

The HMSS Assembly provides medical staffs with a unique opportunity to discuss and participate in the policymaking process of the AMA. In addition to the Assembly Meeting, an informative program on Economic Credentialing will be presented.

If you are unable to participate in the Orlando Meeting, we encourage you to call us with the name of your HMSS Representative.

For further information about the AMA-HMSS, please call (312) 464-4754 or 464-4761.

Tuscola

(continued from page 1)

going to get is a doctors' building," Truitt added. "What I'm concerned about is someplace you can go in an emergency."

In the past, students with minor medical emergencies were taken to Douglas Jarman Memorial Hospital by a teacher, coach or the school nurse. Now school officials are forced to decide whether a situation warrants a 30-mile ambulance ride and must choose among four hospitals in the area.

"No one would argue if you sent a kid to Jarman. It used to be obvious what to do in a situation – now it's not quite so obvious," said Jim Voyles, Tuscola school superintendent. "With the hospital there it focused things for us. Now we are without focus," he added.

The hospital had struggled financially for several years with underutilization and low Medicaid and Medicare reimbursement. County officials closed Jarman six months after deciding the county could no longer afford to operate it, and a county-wide tax referendum that would have raised $400,000 failed in the November 1989 election. On Sept. 14, the hospital building, grounds and equipment were sold at public auction.

Bright lights on the horizon

Two bright lights then appeared on the horizon. The first came when Sally Foote, D.V.M., a Tuscola veterinarian; her husband, Thomas Wold; and her father-in-law, E. Thomas Wold, a Chicago-area developer, bid nearly $80,000 at the public auction to purchase the hospital building and x-ray equipment.

The other bright light came when Carle Clinic Association in Urbana announced that it plans to open a primary rural care center in the county by early November. The new owners of what was Jarman, hoping to transform it into a comprehensive health center, are negotiating a lease agreement with Carle.

"They recognize that Jarman has been the site for health care in Tuscola for a long time," Dr. Foote said, explaining Carle's interest in the facility. "A lot of people are going to look to Jarman for their health care."

John W. Pollard, M.D., Carle Clinic Association chief executive officer, said the clinic will be staffed by at least one full-time nurse practitioner or physician's assistant, and a half-time family practice physician.

Carle satellite clinics in three other central Illinois communities – Rantoul, Monticello and Mahomet – were started with part-time physicians and have grown to accommodate at least three full-time family practice physicians each, Dr. Pollard said. He added that Carle is trying to recruit a full-time family physician to staff the Tuscola clinic permanently, while further improvements will be determined by market demands.

Dr. Pollard acknowledged that a "positive factor" influencing Carle's decision was the possibility of cost-based reimbursement from Medicaid and Medicare, a result of Douglas County becoming a designated federal health manpower shortage area earlier this year.

"The most important thing to us was a community that was losing its health care facility and we thought we could help. We wanted to provide service to our patients in the community," Dr. Pollard said.

A health needs survey conducted this summer by the Illinois Department of Public Health revealed potential support for the Carle venture, and prompted the formation of a 16-member committee of Tuscola community leaders that contacted area health care providers to try to attract them to the area. The most positive initial responses came from Carle and Sarah Bush Lincoln Health Center in Mattoon, according to Larry Harbaugh, committee chairman. Both institutions made presentations to the group and have been invited into the county. Dr. Foote said officials from Decatur Memorial Hospital in Decatur have also indicated interest and have toured the Jarman hospital building.

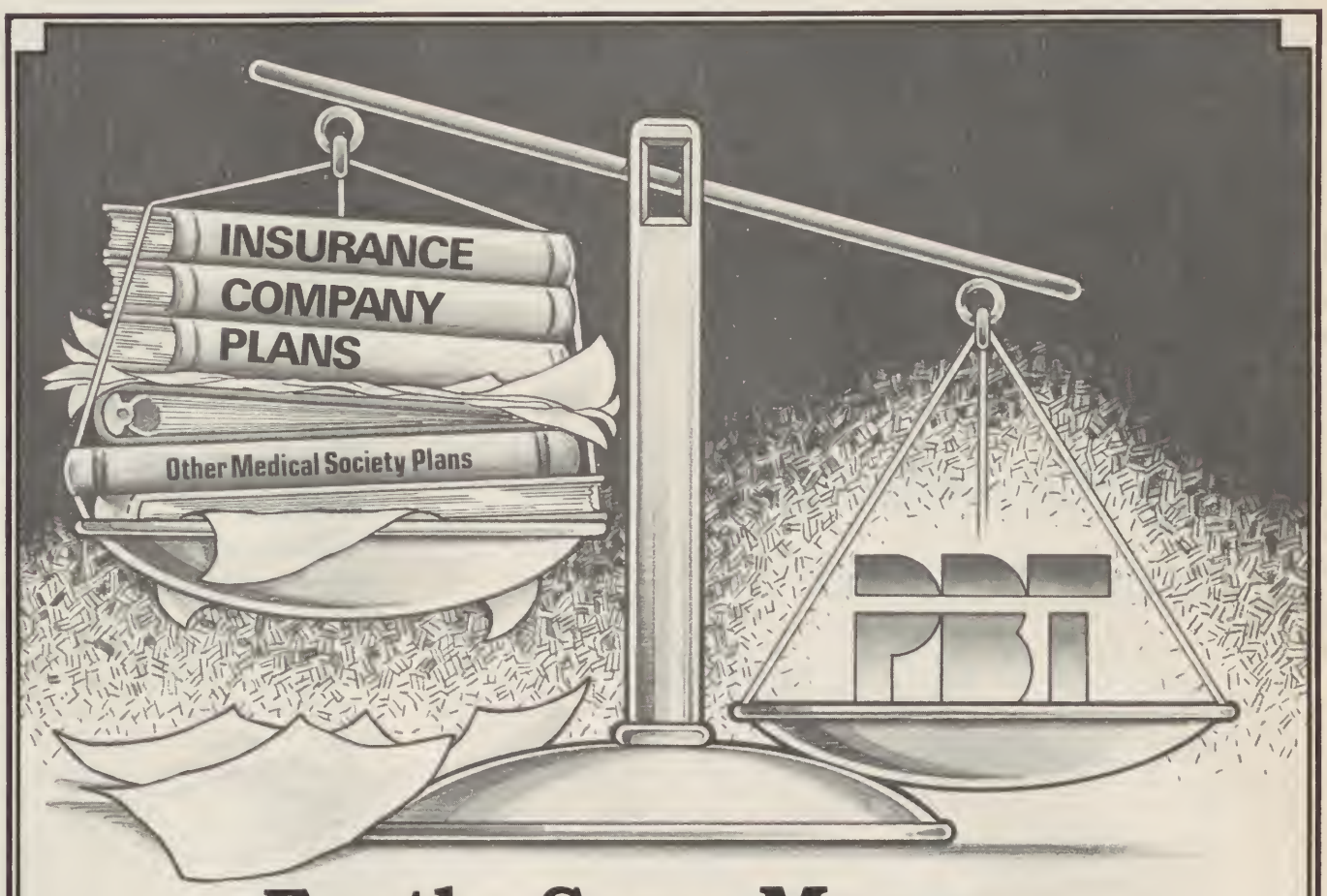
Did not plan on buying Jarman

Dr. Foote said she had no idea she would later make a major real estate purchase when she spearheaded a lobbying effort in June to get the Douglas County Board to postpone the sale of Jarman's assets. Numerous petitions were collected and a letter-writing campaign ensued, but it became apparent the county board needed funds from the sale of Jarman assets just to cover its closure costs.

"We decided to rely on our own resources," Dr. Foote said, explaining the decision to purchase the 50,000-square-foot, three-story building. "We thought it was worth the risk. I also looked at it from a local businessperson's standpoint – this community would really be at a loss if we didn't have something to help recruit doctors here."

Dr. Foote said negotiations with Carle to lease 3,000 square feet on the first floor of the Jarman building are nearing completion. She said she is optimistic that the first floor's remaining 27,000 square feet will eventually be leased for physician offices, x-ray and laboratory facilities, respiratory and physical therapy services, and outpatient emergency medical care. The group also hopes to convert the second and third floors of the building into apartment housing for retirees.

"But it will take time," Dr. Foote said. In any case, she said she already has commitments from local physicians to use a freestanding lab and x-ray facility, and two physicians who already have offices in the building plan to remain as tenants. ▲



For the Same Money, the Others Don't Measure Up

With the PBT's high quality Major Medical Plan available at low group rates, why would a physician choose any other protection? The PBT Major Medical Plan measures up with extras like no pre-approvals, free choice of doctors and hospitals, and fast, friendly claims service. It's what you expect from your own medical society. After all, we're just what the doctors ordered!

For major medical coverage that outperforms the competition, call or write the Physicians' Benefits Trust.

(800) 621-0748.
(312) 559-9130

☐ Please send information about the **PBT Major Medical Plan.**
☐ Send information about the other PBT plans I have checked.

☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Long Term Disability
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____
Practice Name: _____
Street: _____
City/State/Zip: _____
Telephone: _____

Mail to: Physicians' Benefits Trust ISMS
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Universal *(continued from page 1)*

society has "grave concerns" about the bill. "The United States and her people enjoy the finest and highest level of health care available anywhere in the world," he said. "I assure you that no other country and no other system provides the quality or quantity of health care delivered to all segments of our society.

"While there are flaws in the present system," Dr. Andersen continued, "the best way to address access problems is to build on the current system." He cautioned the legislators not to adopt a plan he termed incomplete, saying that Canadian citizens routinely experience long delays for medical care that American patients take for granted. "And no matter what you call it, service delayed is service denied," he said.

The IPA's Creamer countered that health care service is already denied to many patients in the United States. "There's a ration card here," he said, pulling a gold money clip full of bills from his pocket. "Here's your ration card; it's the dollar bill." In a Canadian-style universal system, he said, patients with more money do not have greater access, and added, "Everyone drinks from the same trough."

State Rep. Anthony L. Young (D-Chicago), who sponsored an identical universal health care bill in the last legislative session, echoed sentiments that health care rationing is commonplace in Illinois because many patients cannot afford insurance to cover health care costs. Particularly on Chicago's depressed west side, he said, residents "won't even go to a facility until [their illness] gets to be a very dangerous situation."

Lawrence Barry of the Illinois Life Insurance Council agreed that many people "don't fit" in the current system. Despite its faults, he said, the present health care system is not "a system you throw out and go to one that's fraught with the problems of the Canadian plan."

Barry cited news accounts from publications throughout Canada attesting to bed and hospital unit closings that left patients without care. He said Canadian patients did not receive necessary care because the hospitals were required to meet government-set budgets. Among the delays cited were four-month waits for mammograms and 16-month waits for non-emergency heart surgery. "Simply put, once we put [health care] on [a] budget, the primary need becomes controlling cost," Barry said. "The whole health care system is caught up in a straightjacket."

Questioning the state's ability to pay the health care bills of all Illinoisans, Sen. Judy Baar Topinka (R-Berwyn) called S.B. 1587 "awfully generic." The bill "leaves a lot of questions out there that I think are absolutely fair to [ask]," she said, adding that the legislature has traditionally underfunded most of the state's health care programs.

Larry Gorski, special assistant to Chicago Mayor Richard M. Daley for people with disabilities, said the state must get more involved in helping Illinois' 1.8 million disabled residents combat discrimination from insurance companies. Disabled residents have the highest unemployment rate in the state, he said, citing lack of available health insurance as a common reason many are unemployed. "Universal health care would not only pay for health care, but would put people back into the work force," the mayoral aide said. "People don't want charity care; they want quality care."

Also testifying in favor of the plan were Quentin Young, M.D., president of the Health and Medicine Policy Research Group; the Illinois Nurses Association; the local chapter of the National Association of Social Workers; the Coalition for Consumer Rights, a local policy research group that receives funding from IPA; the Gray Panthers, a senior citizen advocacy group; and Richard Phelan, Democrat candidate for Cook County Board president, who promised to support the plan if elected. In addition to ISMS, the Illinois Chamber of Commerce and two insurance industry representatives expressed opposition to the bill.

Additional hearings were held during October in South Holland, Marion and Decatur. There will be two more hearings in November in Rock Island and East St. Louis. Specific dates and times will be announced later. ▲

Mile Square

(continued from page 1)

Supporters cheer decision

The next steps in the approval process, though, are not quelling the victory cheers from city and university officials who support Mile Square. "Our efforts to reopen Mile Square have been challenging," said Chicago Mayor Richard M. Daley. "[But] now that the two public entities have made their commitments, we are confident that the federal government and the bankruptcy court will approve this plan and we can begin to provide medical services to an underserved community."

James J. Shuler, M.D., president of the university's medical staff, said the staff is "overwhelmingly" behind the Mile Square effort. "[We] view this as a tremendous opportunity to serve the community, fill the [university] hospital's beds and train our residents, interns and medical students," he said. "There's just about no way the university and hospital can lose." Mile Square will give the medical school an outlet to offer primary care training to its students, especially in obstetrics, gynecology and pediatrics, he said.

At the height of its utilization, Mile Square Health Center recorded 250,000 annual patient visits. Chicago Board of Health estimates for the center's 1991 patient load are much more conservative – about 16,000 to 25,000, said deputy health commissioner Virginia Parker. She said the city hopes to raise that figure to 100,000 yearly visits as soon as possible to ease the patient loads at Cook County Hospital's overburdened outpatient clinic, Fantus Health Center. When Mile Square opens, the city will close its West Garfield Maternal/Child Health Center and transfer those services to Mile Square.

Meanwhile, Dr. Addington said, the search for a new Chicago health commissioner is making headway. "We're eagerly pursuing a candidate now who has extensive public health experience and I would be very pleased if we could get him to Chicago," he said. "We'll know one way or the other in the next month." ▲

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

ISMS offers intervention training

The ISMS Physician Assistance Committee is sponsoring a workshop to teach physicians how to intervene with medical staff colleagues who have alcohol, substance abuse or psychiatric problems. The workshop is Saturday, November 10, 1990 from 10 a.m. to 4 p.m. at the Hilton Hotel in Springfield.

To register, complete and return the form below to:
Physician Assistance Program, Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, Illinois 60602.

ISMS Physician Assistance Committee Intervention Workshop
Saturday, November 10, 1990

(Please print)

Name _____

Address _____

City _____ State _____ Zip _____

Hospital affiliation _____

Phone ( ) _____

$ _____ Member fee enclosed ($50 members)

$ _____ Nonmember fee enclosed ($75 nonmembers)

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Otolaryngology—Brainerd, MN: Join 22 MD multi-specialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

Looking for an associate to join a well established primary care medical practice near Chicago, with an option to take over the practice. Call 815/786-9767.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820; 217/351-1285.

Dermatology—Brainerd, MN: Join 22 MD multispe-cialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Chicago—Seeking full-time and part-time emergen-cy physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Medical surgical center seeking physicians to work part-time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 108, Des Plaines, IL 60016, or call 708/390-9300 or 708/390-0300.

OB/gyn—family practice—general surgery— internal medicine—several attractive opportunities in Wisconsin, Indiana, and Michigan (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. Strelcheck & Associates, Inc., 12724 N. Maplecrest Lane, Mequon, WI 53092, 1-800-243-4353.

Pediatrics—Brainerd, MN: Join 2 pediatricians in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Private practice opportunities exist in southern Indiana affiliated with a 590 bed hospital. Specialties include internal medicine and family practice. Competitive compensation plan and attractive partnership arrangement available. Send CV to Don Hoit, 11222 Tesson Ferry Rd., Suite 203, St. Louis, MO 63123, or call 1-800-336-3963.

St. Louis University's HealthLine Physician Services is currently recruiting primary care physicians to provide clinical services in the emergency department of Harrisburg Medical Center in Harrisburg, IL; full-time and part-time positions are available. Moderate volume; 24-hour radiology, anesthesiology, laboratory; strong ED nursing and medical staff support. Competitive hourly rate with professional liability insurance provided. Contact Gerry Liebmann, 1-800-443-3901, 3663 Lindell, Suite 400, St. Louis, MO 63108.

Family practice—Wonderful opportunity for BE/BC physician to join dynamic north suburban Chicago group practice. Generous financial package and fringe benefit program. Modern fully equipped offices in growing progressive communities. No OB. Please forward CV to Box 2183, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine—Brainerd, MN: Join 7 internists in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Cardiology: 70-doctor multispecialty group seeking third cardiologist to associate in excellent growing consultative practice, combining both invasive and non-invasive opportunities. Well equipped offices within a well staffed, modern hospital minutes from clinic; "state of the art" catheterization laboratory with digital angiography and full non-invasive cardiac lab. New ICU and CCU being built. Drawing area 400,000. Stimulating midwest Big 10 university community of 100,000 with cultural advantages. Ideal for family. Medical school teaching affiliation. Excellent initial guarantee and fringes with early associateship and subsequent income based exclusively on productivity. Send CV to Ronald H. Deering, M.D., 101 W. University, Champaign, IL 61820.

X-ray technologist, experienced. For work with S.W. side group—established 44 years. Convenient to all expressways. Opportunity to work with patients in areas other than radiology. Bilingual English and Spanish preferred, but not necessary. Full or part-time. Contact: David Rosner, M.D., 312/247-4900.

Obstetricians/gynecologists—Illinois. Board certi-fied or board eligible obstetricians and gynecologists wanted to join a 210 physician, multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801, or call collect at 217/337-3417.

Pediatricians—Illinois. Board certified or board eligible pediatricians needed to join 210 physician multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801; or call collect at 217/337-3417.

Family practice Minnesota—Physician needed for employment or ownership of broad based practice in rural community 45 minutes south of metro area. Existing shared call, tremendous earning history of retired physician, fully equipped and staffed office. Near outstanding hospital with all specialties represented. Guaranteed compensation, full benefits, bonus. For this and other opportunities in the upper midwest, send CV: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect 612/454-7291.

Rheumatologist: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE rheumatologist to join a department of three BC rheumatologists. Two year guarantee plus comprehensive benefit package offered. This area, which encompasses Appleton, Neenah, and Oshkosh with a combined population of 300,000-plus, offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-2702.

Chicago, IL—Emsco Management Services currently staffs eight emergency departments and four ambulatory care facilities within the metropolitan Chicago area. If you would like to become a member of a group committed to excellence, please call or send your CV for immediate consideration to: Diane Temple, 907 N. Elm St., Suite 301, Hinsdale, IL 60521, 708/654-0050.

Busy practice, geripsychiatry, looking for full or part-time psychiatrists. Please call and/or send your CV to Center for Psycho-Social Development, 300 N. State St., #5308, Chicago, IL 60610; 312/565-2251.

Radiologist. Position in large outpatient clinic. Fac-ilities include fluoroscopy, tomography, mammography, diagnostic ultrasound, plus general radiology. No invasive procedures. This multispecialty group is located in the far western suburbs of Chicago in an area offering excellent schools, housing and recreational facilities. Excellent workload and hours compared to hospital setting, plus the ability to work with a quality group in a pleasant environment. Reply to Box 2180, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Cardiologist, BC/BE invasive/non-invasive to join five cardiologists in cardiology department of large multispecialty clinic in Chicago suburb. Active CV surgery and PTCA programs. Clinical, non-invasive and invasive skills required. Prefer knowledgeable, competent, skillful, personable individual. Exceptional salary and benefit package leading to early partnership. Send CV and details about your interest. Reply to Box 2179, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internist-gastroenterologist. Energetic, aggressive physician to join progressive north suburban group practice. Must be BC/BE. Excellent guaranteed compensation with fringe benefit program and incentive package. Candidate must be willing to do some general IM. New modern offices with excellent staff. Please forward resume with dates of availability to Box 2182, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine and family practice physicians BC/BE. Exceptional opportunity to join our well established, very busy multispecialty clinic located in Milwaukee. Attractive and well equipped building including in-house laboratory, x-ray department, business department, etc. Excellent progressive hospitals, medical school, regional medical center. The greater Milwaukee area offers superb family environment, diverse cultural and recreational options. This is a unique, outstanding professional and personal opportunity! Please send CV or contact Jonathan Slomowitz, M.D., Mitchell Medical Center, 1672 S. 9th St., Milwaukee, WI 53204; 414/383-4700.

Family practitioner—Unique opportunity for a board certified/eligible family practitioner needed for a southern Illinois family-oriented community. Established practice already in operation. Hospital offering an excellent package to defray start up expenses. Practitioner becomes part of the clinical services department of the hospital which includes a surgeon, urologist, family practitioner, and a general practitioner and pulmonary disease specialist. Contact E.A. Helfrich, Administrator, Union County Hospital District, 517 N. Main, Anna, IL 62906; 618/833-4511.

Seeking full-time, 37-1/2 hour work week, family practice or internal medicine physician to provide medical care, including treatment of minor emergencies, acute illnesses, routine physical exams and injuries. Competitive salary. Excellent benefits including paid malpractice, vacation, sick leave, tuition waiver, and retirement. Please submit a letter of application along with three letters of reference and a resume to: Jaime Cercone, M.D., Medical Chief of Staff, Beu Health Center, Western Illinois University, Macomb, IL 61455.

Family planning clinic looking for board certified gynecologist with own malpractice to do pregnancy terminations 1-2 mornings a week. Send resume to: Administrator, P.O. Box 608, Elgin, IL 60121.

Internal medicine. Excellent opportunity for BC/BE internist with or without subspecialty to join progressive well established north shore group. Excellent salary with fringe benefit program. Fine residential area, excellent schools and all amenities of suburban Chicago living. Position available immediately but would be willing to wait for the right person. Please forward CV in strict confidence to Box 2181, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Ophthalmologists, anesthesiologist: BC/BE oph-thalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. BC/BE anesthesiologist: full-time M-F. Daytime hours. No call. JCAHO certified state licensed surgicenter. Excellent financial opportunity. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Joliet area.Thriving family practitioner looking for partner. Terms negotiable. Call 815/722-2525.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Podiatrist seeking part-time position with multispe-cialty/orthopedic group, HMO, clinic or solo practice. Fluent in Spanish. Chicago metropolitan area. Call 312/276-7349.

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, c/o *Illinois Medicine,* 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Active established primary care practice. Complete-ly equipped, staffed and computerized. Excellent patient base. Will introduce. Chicago location. Call 312/346-3364.

Medical suite for rent: in high traffic, stable work-ing community in Chicago area. Excellent demographics. Large modern suite with accessible parking. 312/238-6686.

Otolaryngology practice for sale. Solo practitioner retiring. Over 30 years in practice. Growing community 40 miles west of Chicago. Contact Mr. Hoffman, 708/696-0220 for details.

For rent. Medical office of 30 years' duration in Lake Zurich. Four miles from Good Shepherd Hospital in Barrington. Call 708/438-7041.

Family practice or combined with surgical practice. Solo. Unique opportunity. We lost one surgeon recently. Established 1966. Ten years old, well maintained office building (1,568 square feet) across shopping center. Population 14,500. 100 bed local hospital. Emergency room work available. Call coverage easy to arrange. Current physician retiring for health reasons. Local hospital willing to assist with financial matters. Please call 309/852-2697.

Successful allergy practice for sale in northwest sub-urbs of Chicago. Owner sees 25-100 patients daily and grosses $200,000 annually. Spacious office has five treatment rooms. Well-trained staff will remain with new owner. Asking $90,000. Call for more details. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Joliet area. Professional office space available. Ideal for medical/dental office. Call 815/722-2525.

For rent/sublease. Doctors office, Glenview. 900 square feet. Near Glenbrook Hospital. Seven rooms. Waiting room, lab. Available 11/1/90. 312/943-5405.

Practice available. Special opportunity. Barrington, internal medicine. Excellent patients. 82 percent fee-for-service. Must leave now for admin. post. Call Ms. Love, 708/564-1654.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Fee contingent on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references. 312/338-0337.

Medical billing. Computerized system can be customized to meet the needs of your practice. Accurate ICD-9 and CPT coding. Insurance filing and follow-up. Financial reports showing practice analysis. Contact Golden Office Management, Inc., 3317 W. 95th St., Evergreen Park, IL; 708/423-7778.

SMC: POL consulting; quality assurance is quality care. Laboratory compliance: federal and state regulation; quality control programs, safety, procedure manuals, instrument maintenance logs, correlation analysis. Complete laboratory evaluation. Free POL assessment. 312/882-4526.

Custom computer graphic slides. For your next lec-ture, let us design your slides. As specialists in the medical photography field, we are experts in design, color, details, and backgrounds. Pick up and delivery available. Unbeatable prices. For information and sample slides call Phil, 312/508-0811.

We're on the beam to collect your past-due receiv-ables! Beam Financial Services, Inc., Mr. Lazer, 312/329-0019.

Specialized Spanish course. For physicians and health care providers. Private and group sessions held at your convenience. For details call: Arturo Castro, 312/404-5420.

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

PROVIDING

SERVICE

TO ILLINOIS PHYSICIANS

SINCE 1976, OUR *ONLY* BUSINESS HAS BEEN TO PROVIDE PROFESSIONAL LIABILITY INSURANCE SERVICES TO YOU, THE ILLINOIS PHYSICIAN, THROUGH...

UNDERWRITING: YOU WORK DIRECTLY WITH THE EXCHANGE, NOT AGENTS, TO OBTAIN THE COVERAGE YOU NEED.

RISK MANAGEMENT: OUR RISK MANAGEMENT EDUCATION AND COUNSELING SERVICES ARE DESIGNED TO MEET YOUR INDIVIDUAL NEEDS.

CLAIMS: YOUR CLAIM IS GUIDED BY A STRONG DEFENSE TEAM WHO WORKS FOR YOU AND WITH YOU EVERY STEP OF THE WAY.

PROVIDING SERVICE TO OUR 10,000 INSURED PHYSICIANS IS *OUR* ONLY *BUSINESS.*

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

WI IL417L
V.2 NO.23 1990
C.01--------SEO: SP0063601
TI: ILLINOIS MEDICINE

Illinois Medicine

November 9, 1990

ILLINOIS STATE MEDICAL SOCIETY

Child abuse reporting rules reinterpreted . . . 3

NATIONAL LIBRARY
NOV 19 1990
OF MEDICINE



Terry Vitacco

Health and Human Services Secretary Louis W. Sullivan, M.D. (center), attended a luncheon meeting Oct. 22 at the ISMS headquarters. Pictured with Dr. Sullivan are ISMS President James H. Andersen, M.D. (left), and Arvind K. Goyal, M.D., Chicago Medical Society president. ▲

Lawsuit claims regulations unlawful

ADA challenges data bank

by Tamara Strom

CLAIMING THAT SOME aspects of the National Practitioner Data Bank are unlawful, the American Dental Association (ADA) filed a lawsuit Oct. 26 in the U.S. District Court of the District of Columbia against Louis W. Sullivan, M.D., secretary of the U.S. Department of Health and Human Services (HHS). The suit challenges the legality of data bank reporting regulations that require practitioners to report fee refunds made to unsatisfied patients as medical malpractice payments.

The suit questions the U.S. Health Resources and Services Administration's (HRSA) interpretation of the Health Care Quality Improvement Act of 1986, which established the data bank, in setting the reporting regulations, said ADA legal counsel Mary Logan. HRSA, an HHS agency, runs the data bank, a central source of information about the competence and professional conduct of all licensed health care providers.

An HHS spokesman said that department officials had not yet seen the lawsuit and that the department typically does not comment on pending litigation.

Under the current regulations, individual practitioners must rep any payments, including r made to r respon written the ser received, Logan said

Failure to report result in fines up to crux of the ADA's argu fee refunds made by indi tists should not be reportable because the statute only calls for health care "entities" to report payments made to patients. The law does not specify that individuals must report fee refunds, she added.

Suit claims HRSA exceeded authority

Logan said the ADA does not believe Congress gave HRSA the authority to broaden the intent of the statute by adding the word "per-

(continued on page 14)

Supreme Court refuses to hear Rockford hospitals' appeal

by Janice Rosenberg

THE U.S. SUPREME Court on Oct. 15 announced it would not review lower court rulings barring the proposed consolidation of two Rockford hospitals. The announcement ends the three-year-plus merger effort of Rockford Memorial and SwedishAmerican hospitals.

"I'm terribly disappointed with the failure of the Supreme Court to take the Rockford case," said Thomas Campbell, counsel for the hospitals and a partner in the Chicago law firm of Gardner, Carton and Douglas. "It's very unfortunate for the people in Rockford, who would have been the beneficiaries of the merger. These institutions spent a lot of time planning their future and it's unfortunate that they can't carry out that mission."

The consolidation plan was challenged from its outset in an antitrust suit brought by the U.S. Department of Justice. In February 1989, U.S. District Court Judge Stanley Roszkowski issued a permanent injunction against the consolidation. His ruling was upheld by a three-judge panel at the U.S. Court of Appeals in Chicago on April 3.

Shortly after the appeals court decision, attorneys for the hospitals filed a writ of *certiorari* [an action asking the court to determine that the Illinois court ruled inappropriately] asking the Supreme Court to review the case. Filing the petition did not guarantee a review.

Decreased competition anticipated

The Justice Department contended the proposed consolidation would diminish health care competition in

(continued on page 14)

Elizabeth Korte, M.D., honored as family physician of the year

by Kevin O'Brien

ALTHOUGH people often lament the passing of the traditional "family" doctor – the one who not just made house calls, but took an active interest in his or her patients' lives – every now and then we hear of one who could not conceive of practicing any other way.

Such a physician is Elizabeth B. Korte, M.D., of Carthage, at least according to those who thought enough of her to nominate her to be Illinois' Family Doctor of the Year.

Her colleagues – in Illinois and throughout the country – apparent-

(continued on page 9)



P. L. Fooken

Elizabeth Korte, M.D., of Carthage

In this issue

Outpatient charges continue to increase 2
Study reveals decline in C-section rate 2
Letter to the editor 5
Case in point looks at equipment malfunctions 6
News capsules 10
Great moments in Illinois medicine 11

BETHESDA MD 20894
8600 ROCKVILLE PIKE
TSD - SERIALS
NATIONAL LIBRARY OF MEDICINE
1029 IM
********** 3 DIGIT SCF 208

Outpatient bills go up again

by Tamara Strom

IF YOU THOUGHT referring patients for outpatient hospital services has been saving money, think again. According to the Illinois Health Care Cost Containment Council (IHCCCC), outpatient charges for common procedures and services have risen sharply over the last year, jumping 21 percent.

"I think we should be concerned," said Johanna M. Lund, IHCCCC chairman, of the rise in outpatient charges. "I think we should be concerned about all of the rising costs because we are reaching the point very quickly where we cannot afford it. And when I say 'we' [I mean] we as individuals, and we as business and we as government. We simply cannot continue to pay the price of health care. And what will occur will be those who can pay for it will get it and those who can't won't." The problem will worsen, she added, if "we don't start looking at cost-containment activities."

"We can't continue to see increases like this," said IHCCCC member Ken Morrissey. The manager of employee benefits at FMC Corp. said an earlier IHCCCC survey on inpatient charges showed increases of only 14 percent to 15 percent, while the cost containment council's 1990 "Report of Selected Prices at Illinois Hospitals: Outpatient Services" revealed the 21 percent increase.

"We should be saving costs on outpatient procedures," Morrissey said. "Outpatient prices are more than some inpatient charges. There should be at least a savings in the price of a room for an overnight stay and 24-hour nursing service, but in reality we're not always seeing that."

IHCCCC began surveying Illinois hospitals about their fees for outpatient services and procedures in 1989, and started inpatient surveys four years ago. This year's outpatient survey, IHCCCC's second, lists average charges from 229 hospitals around the state for 19 common services and procedures, including computerized axial tomography (CAT) scan of the brain, mammography, upper gastrointestinal (GI) series, chest x-rays, cataract removal, dilation and curettage, arthroscopy, GI endoscopy and breast biopsy.

Charges vary greatly

The report is intended to help physicians, consumers and businesses compare average charges for outpatient procedures. Because of differences in the way each hospital reports its charges, however, the charges vary widely. Some hospitals have a flat fee for a procedure, while other hospitals itemize each charge involved in delivering the service. Patients at Rock Island's Franciscan Medical Center are billed a statewide low of $31 for mammograms, compared with patients at Chicago's Martha Washington Hospital who pay $178 for the same test. Fees also are far apart for hospitals in the same city. An arthroscopy at Illinois Masonic Medical Center costs $103, while the University of Illinois charges $3,900.

Lund said the charges also vary in some cases because the figures are not adjusted to take into account the severity of each patient's condition. For example, an appendectomy performed on a patient with diabetes or hypertension would be more expensive than the same procedure performed on a patient in otherwise good health.

Because the study's figures on their face "may lead you to the wrong conclusion," Lund said they should serve only as guidelines and that it is up to patients and physicians to investigate further. She acknowledged that most patients go to the hospital their physician recommends, but if a physician has privileges at more than one hospital, the report permits the patient to compare charges and seek more information from each hospital.

"That's a perfectly appropriate practice," she said. "[Patients] ought to be asking their doctor the same questions. [Patients] have been a little reluctant to do those sorts of things, but we're getting to see it more and more. They are discussing prices with their physicians, with the hospital and with the laboratory."

Underfunding boosts charges

Government underfunding of Medicaid and Medicare for inpatient services is the cause of the outpatient charge hikes, said Chris Bailey, assistant vice president of the Illinois Hospital Association. "In addition to the losses from low reimbursement rates, hospitals are treating more uninsured patients for which the hospitals get no reimbursement," he said. "All these losses must be recouped somewhere for the hospital to remain in business."

On average, hospitals receive 90 percent of the costs incurred for treating Medicare patients and only 75 percent for Medicaid patients,

(continued on page 13)

Outpatient services and procedures: A comparison of prices for 1989 & 1990

Procedure/ service	1989 price	1990 price	Percent increase
Mammography	$ 66.00	$ 67.00	2%
CAT scan	385.00	480.00	25%
Upper GI series	124.00	132.00	6%
HIV Elisa test	33.00	34.00	3%
HIV Western Blot	64.00	68.00	6%
D & C	1,100.00	1,270.00	15%
Arthroscopy	1,772.00	2,201.00	24%
Cystoscopy	822.00	1,014.00	23%
Tonsillectomy w/ adenoidectomy	1,220.00	1,437.00	18%
Cataract removal	2,168.00	2,557.00	18%

Source: Illinois Health Care Cost Containment Council



Study shows slight drop in state C-section rate

by Sean McMahan

THE ILLINOIS CAESAREAN section rate decreased slightly during the first six months of 1990, the first decline since the mid 1960s, Blue Cross and Blue Shield of Illinois officials announced Oct. 24.

"We view this leveling off and decrease as being a very positive sign that rates are going to come down to appropriate levels," said Arnold Widen, M.D., Blue Cross medical director, at a Chicago press conference. Dr. Widen said medical authorities have questioned whether all C-sections performed are medically appropriate. An ideal C-section rate would be about 10 percent to 15 percent, he said.

According to Blue Cross claims data, the C-section rate in Illinois for the first half of 1990 was 23.7 percent, down from a record high of 24.02 percent in 1988. In 1989, the rate held steady at 24.01 percent.

Dr. Widen attributed the declining C-section rate to adoption of American College of Obstetricians and Gynecologists (ACOG) guidelines on performing C-sections. Blue Cross has been encouraging hospitals to adopt the ACOG guidelines and to follow the college's recommendations urging subsequent vaginal births after C-sections. To remove any financial incentives for performing the surgical procedure, the insurer has also begun paying physicians in its preferred provider organization the same amount for a vaginal birth as a C-section.

Dr. Widen also identified 12 Chicago-area hospitals with C-section rates below 20 percent. He did not identify other hospitals in the state nor reveal their C-section statistics, but he did say that the highest rate reported in the Blue Cross survey was around 40 percent.

Malpractice fears have contributed to the skyrocketing C-section rate, said John Knaus, M.D., chairman of the obstetrics and gynecology department at St. Francis Hospital of Evanston. St. Francis was one of the hospitals praised by Blue Cross for its low C-section rate. He added, however, that standard of care policies, increased public knowledge of delivery procedures and changing attitudes in the medical/legal community have helped allay those fears and helped all parties recognize when intervening surgically during a delivery is necessary.

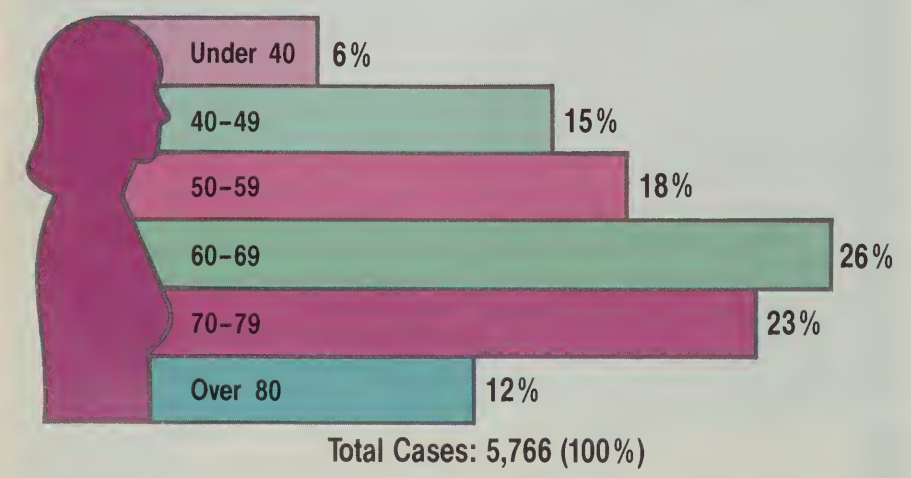
Dr. Knaus noted that St. Francis has typically had a low C-section rate, which he attributed to physician protocols, input from resident staff on the necessity of surgery and continuing medical education programs for attending physicians.

The University of Chicago Medical Center had the lowest rate, 10 percent, in the Blue Cross study. "The philosophy of attending [physicians] is that, unless there is a clear indication it is necessary, we don't do C-sections," said Luis Cibils, M.D., professor of obstetrics and gynecology at the University of Chicago.

The C-section figures reported by Blue Cross are consistent with figures released earlier this year by the Illinois Health Care Cost Containment Council, Dr. Widen said. The council reported in July the results of a three year-study that showed the C-section rate in Illinois hospitals holding steady at 22 percent. ▲

Physician Facts

Breast Cancer: Percent of Cases by Age at Diagnosis*



*Study involves 5,766 women diagnosed in 1988 at 101 Illinois hospitals.

Source of Data: "Breast Cancer in Illinois," American Cancer Society, Illinois Division, Inc. 1990.

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

IDPR leaves reporting child abuse to physician's judgment

by Tamara Strom

A NEW INTERPRETATION of the Illinois Department of Professional Regulation's (IDPR) rules on reporting child abuse permits physicians to use professional judgment in reporting suspected abuse. The state's Department of Children and Family Services (DCFS) previously interpreted the regulations to imply that physicians should report possible cases of child abuse even if the physician had never seen the child and only suspected that abuse might have occurred.

A Sept. 4 opinion from IDPR legal counsel Robert Reardon sent to department officials and Medical Disciplinary Board members announced the new interpretation. On Oct. 3, the board voted unanimously to support the interpretation, with the following provisions being considered before any disciplinary actions are taken against physicians: A physician/patient relationship with the child must be in place; reasonable cause to believe the child is abused or neglected must exist; and the physician must willfully have failed to report the abuse.

The narrow interpretation troubled the medical community because physicians would have had to file a child abuse report "every time they saw a hurt child, to avoid action by the [Medical] Disciplinary Board," said Illinois State Medical Society (ISMS) legal counsel Saul Morse, in explaining why ISMS brought the issue to the attention of the disciplinary board and IDPR. "Children often have bruises and it's a hard decision to come up with what is actually abuse. If a physician is facing possible disciplinary actions – including ... the [possible] loss of license for not reporting a possible abuse, even if the physician has never seen the child, it's an added risk for physicians. Overreporting creates undue anguish and work for parents, children, physicians and state agencies."

Morse said it is not "abnormal for interpretations of the law to come up and for us to discuss the laws and their interpretations with state agencies." He added, however, that ISMS would never enter into such discussions on a case-by-case basis, only on "broad categories of questions." ISMS provided its interpretation of the rules to IDPR, which then researched the issue and discussed it with DCFS. Ultimately, IDPR "came to a conclusion that was very similar, if not identical, to ours," Morse said. "[This] is the proper interpretation and how [the Medical Disciplinary Board] should evaluate cases."

New interpretation simplifies action process

Joseph Perez, M.D., a disciplinary board member, said the board received "a lot of flack" about the old interpretation. The reinterpretation will simplify the board's process for taking action against physicians who fail to report suspected child abuse. "The previous interpretation was an overinterpretation," he said. "I think we were all a little apprehensive about the cases. ... Child abuse is so sad, I think our defensiveness is understandable. But we also must protect the rights of physicians. They can't always be the fall guys."

Dr. Perez said physicians cannot be penalized for not reporting suspected abuse if the physician has not examined the child. "Only hearing about a possible case is not grounds for reporting," he said. "This is hearsay. The abuse may be true, but the physician did not have direct contact. It's a judgment call." He said giving physicians the latitude to exercise their professional judgment puts them "back in control in allowing them to rely on their expertise."

Dr. Perez said the board will not discipline physicians for a "mistake in judgment" if they fail to report a suspected case unless it is a"voluntary, conscious and intentional act." He said before the board proceeds with prosecution against a physician, it will "completely investigate" whether the physician willfully did not report the abuse. If a physician violates IDPR abuse regulations, disciplinary actions can range from a reprimand to suspension or revocation of the physician's medical license, Dr. Perez said. Fines may also be imposed.

He added, however, that the board reviews relatively few cases of physicians who fail to report child abuse. "There are a lot of cases of child abuse," Dr. Perez said, "but they're [usually] handled correctly. Most cases are seen in emergency rooms and the personnel [there] are very aware of abuse and how to handle it. They double-check everything, including questioning the child."

Dr. Perez said the reinterpretation is favorable to physicians without unnecessarily compromising the safety of children. Morse said the interpretation is "a logical one," and added it is "important that the Medical Disciplinary Board and the medical community have the same sense of what the laws mean so there will be fair and equal application." ▲

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

SERVICE 2000

Blue Cross and Blue Shield of Illinois (BCBSI) is pleased to introduce Service 2000 - the latest of a series of products provided to support physicians in submitting claims electronically.

In order to maximize the efficiency with which Illinois providers submit Electronic Media Claims (EMC), BCBSI, in partnership with IBM, has developed Service 2000, a PC-based claim entry and patient data base system that utilizes IBM's latest technology. Soon completing and submitting a claim electronically will be as easy as pointing to the correct files and pushing a button.

BCBSI is currently conducting vigorous testing of System 2000 to ensure that the system meets all of the requirements that you have requested. We anticipate a January, 1991 implementation date. If you would like more information about Service 2000, please call the EMC Hotline at (312) 938-7697.

(This report is a service to the physicians of Illinois)
11/9/90

Editorials

Common sense prevails

The common sense resolution of differing interpretations of the rules requiring physicians to report suspected child abuse and neglect is a welcome example of the cooperation that can exist between state agencies and professional associations.

The Abused and Neglected Child Reporting Act mandates that physicians and other specified medical and non-medical personnel who "... having reasonable cause to believe a child known to them in their professional or official capacity to be an abused or neglected child, shall immediately report or cause a report to be made to the Department (of Children and Family Services)."

The problem centered on what triggered a report of suspected abuse. The Department of Children and Family Services was sticking to a narrow interpretation that mandated reporting of suspected abuse or neglect *even if the physician had never seen the child.* Physicians are among those best positioned to determine whether actual grounds for suspecting abuse or neglect exist. In such instances, physicians can and do report their suspicions to authorities.

Conversely, given the opportunity to examine the child, physicians can also frequently determine, based on their clinical training and experience, that no abuse has occurred. Permitting physicians to retain their discretion to confirm or remove their suspicions can prevent parents or guardians from being unjustly accused.

Constructive discussions between the Illinois State Medical Society and officials of the Illinois Department of Professional Regulation, which has sole regulatory responsibility in this area, resulted in reasonable guidelines for reporting suspected abuse or neglect, and clarified the Medical Disciplinary Board's responsibilities regarding failure to comply with the act. It is clearly the way all such disagreements should be handled.

Congratulations, Dr. Korte

Elizabeth Korte, M.D., of Carthage, the American Academy of Family Physicians' 1990 Family Doctor of the Year, is a shining example of what it means to be a physician in a rural community. Dr. Korte, a member of the Illinois State Medical Society, has earned both the respect of her colleagues and the enduring affection of her patients.

The letters nominating Dr. Korte for the state honor are replete with examples of the "extra" care she gives her patients. For example, once after discharging an elderly patient from the hospital, Dr. Korte helped pack the patient's belongings, drove her to the grocery store and then drove her home, all because the patient's family lived too far away.

Her schedule is a grueling one. Each day she sees 35 to 40 patients in her office and cares for six to 12 hospital patients. She delivers about 60 babies per year and covers the Carthage Memorial Hospital emergency room once a week. She has served in every office on the Carthage medical staff and is currently the medical director of the nursing home affiliated with the hospital.

Dr. Korte has successfully merged this active practice with service to her community, extending that concern to hosting young people from other lands in a student exchange program. She obviously earns the right to be called Family Doctor of the Year every day. ▲

Illinois Medicine

VOLUME 2, NUMBER 23 **NOVEMBER 9, 1990**

***Illinois Medicine* is published every other week by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

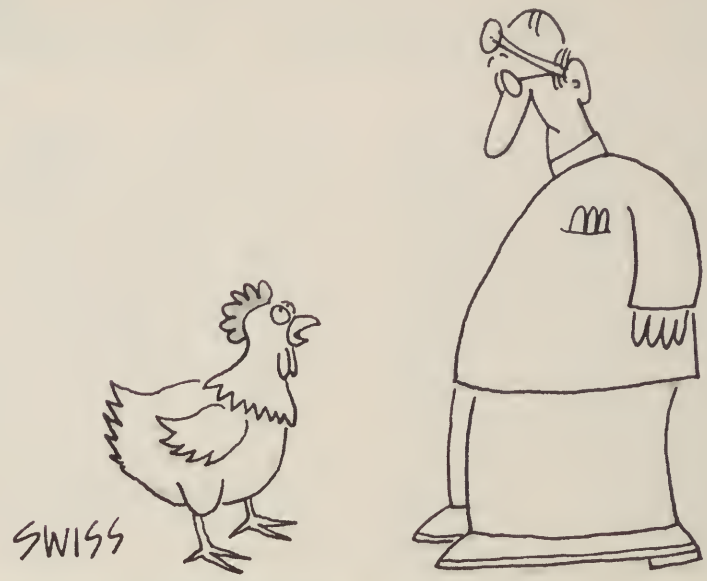
***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



"It only hurts when I cackle"

President's Column

Attitude is everything



James H. Andersen, M.D.

Teachers say it. Coaches preach it. Hundreds of self-help books are based on it, and it's true. ATTITUDE IS EVERYTHING. Attitude makes the difference between winning and losing, between making it and not, between being effective and being in the way.

What used to be called happy hour is now "attitude adjustment hour," and it's time for the feds to make a massive adjustment in their attitude toward America's health care system, its problems and its doctors.

Too often, it seems, the government acts by the golden rule: He who has the gold makes the rule. In this case, the government seems to think that so long as it is providing funding for health care, it can adopt whatever management system or attitude it wants. The time has come to make the bureaucracy and the paper pushers realize that attitude adjustment hour is upon us.

We must get away from the watchdog mentality we have been trying to work under. While it may successfully support a large bureaucracy, it does little or nothing to provide health care. Today's system suffers under the negative attitude embodied in that bureaucracy. Cost containment has come to mean inspection and punishment.

Beyond its impact on patients and quality of care, this attitude, now reaching intolerable levels, has adversely affected the physicians in Illinois. We are seeing an entire profession burn out. Physicians are opting for early retirement. They are leaving medicine for careers in real estate, administration or finance. Or they are reducing the type and scope of care they provide to avoid the hassles of the system.

Beyond patients and physicians, the current system impacts the taxpayer too. The economics of this kind of harassment are such that while it costs the taxpayers enormous amounts of money every year, it accomplishes little or nothing in the way of improving access, efficiency or quality care.

The time has come to be realistic rather than opportunistic. The watchdogs will have to prove their effectiveness and justify their existence to a public that is increasingly conscious of the bottom line. The recent budget convolutions in Washington have not reflected well on either political party and the net result for the American public has been a strong feeling of anger.

Physicians can expect yet another round of cuts in the Medicare program and even more red tape. These are just a few of the changes in store for Medicare: Arbitrarily designated lists of "overpriced procedures" have been singled out for cuts. Fees for assistants at surgery have been cut. Fee updates are being provided only for "primary care" services.

Year after year of cuts to Medicare force the public and the profession to question the government's commitment to high-quality care for the elderly. The medicine we need to counteract this syndrome is simple: an adjustment in attitude. I can think of no more damning thing to say about the current system than this: This kind of attitude in a private enterprise would soon result in new "signs of the time." And the signs would say: Going out of business. ▲

James H. Andersen, M.D.
President

Letters to the Editor

Not 'perennial standby'

Thank you very much for your article on my campaign in the Oct. 12 issue of *Illinois Medicine*. In general, the article is excellent. However, I do disagree with the opening statements that I am the "perennial standby" against 9th District Rep. Sidney Yates for the fourth time.

If this means that individuals are not supposed to run after they have lost a number of times, then I resent this personally. Does this mean that the Illinois State Medical Society (ISMS) and the Illinois State Medical Society Political Action Committee (IMPAC) should quit after losing on caps in the legislature after one or two times? ... Does this mean that after large Medicare cuts are made that the ISMS should give up and allow further cuts to be made without lobbying against them?

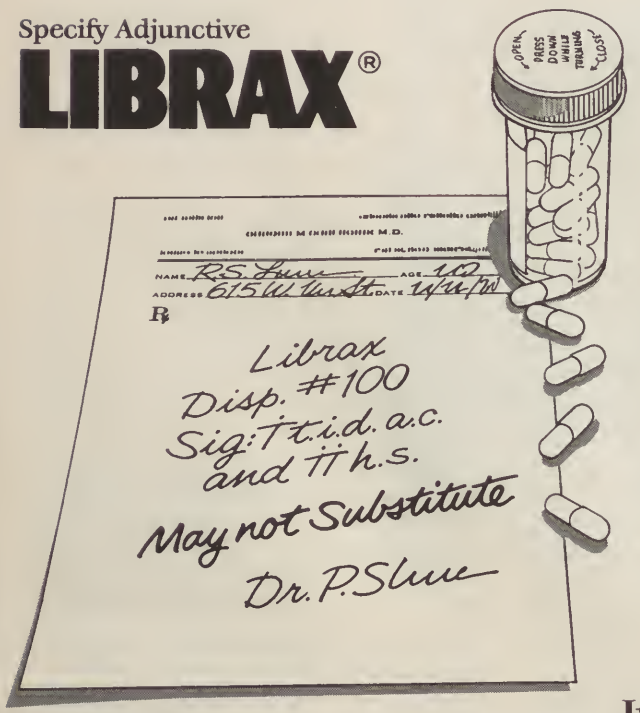
I personally feel that we should urge medical personnel to run for office. If you look at the list of those who are running in this state, I am presently the only physician who has actually won a primary and is running for a major office in the state of Illinois, and one of the only physicians running for a major office in the United States. I do this because I feel very strongly about my profession; I feel very strongly about the issues that I talk about. As you know, I was endorsed in the last election [1988] by both the *Chicago Sun-Times* and the *Chicago Tribune*. If the *Sun-Times* and the *Tribune* thought enough of my campaign, I think my own group (ISMS) would want to encourage me to continue running for office. I do not take on easy problems. ISMS and IMPAC do not take on easy problems. If "perennial standby" means that we should not take on difficult problems, then I understand. I should feel that both ISMS and IMPAC should fold their tent and just do the routine problems of the day. However, I do not feel this is the case and I encourage both IMPAC and ISMS to continue their fights for physicians of this state, and I assure you that I will continue my fight to bring the issues out and to run for office so that some day our constituents will understand the truth. ...

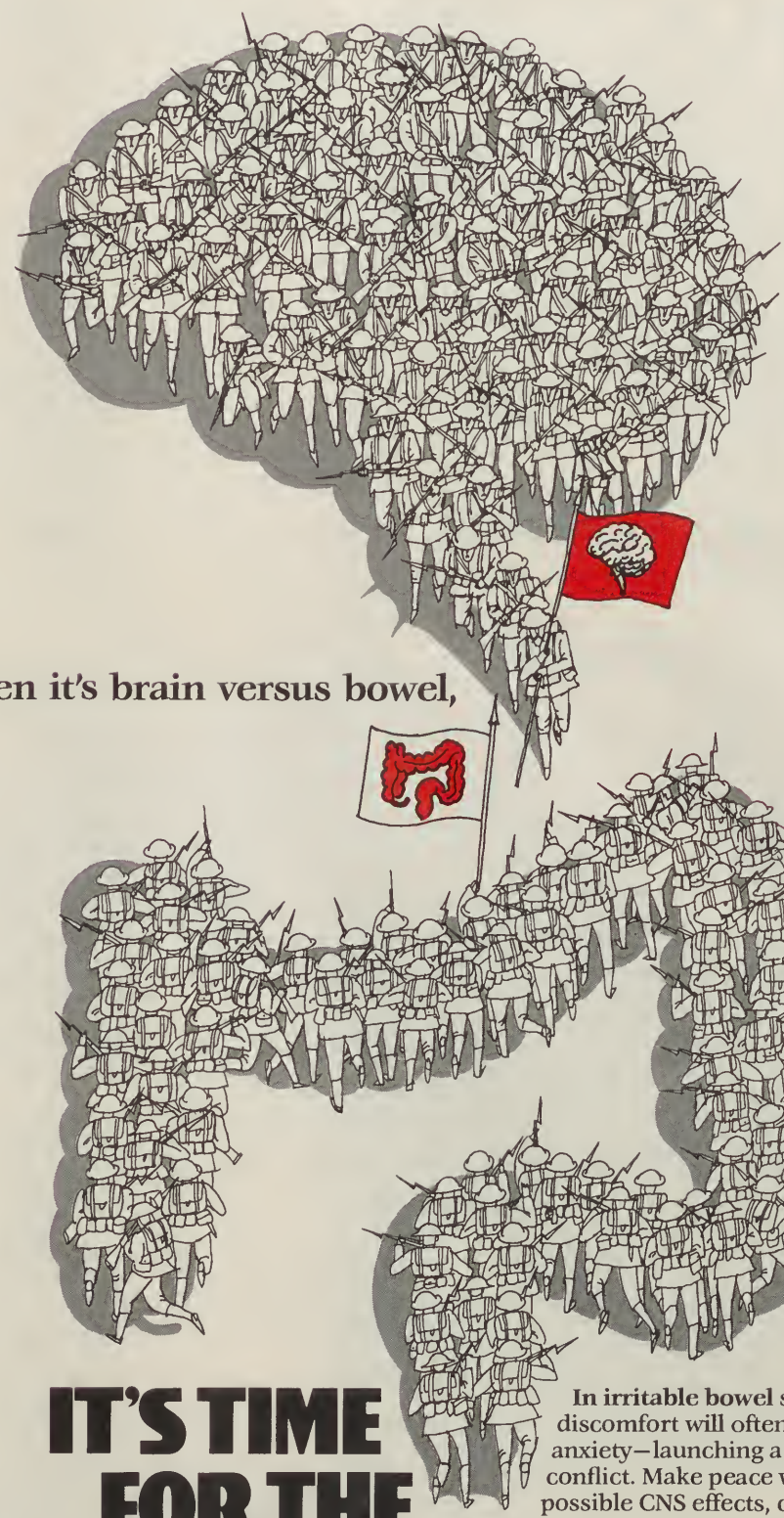
In saying all of this, I want to thank ISMS and IMPAC for supporting me in all of my campaigns and for helping my campaign. I can assure you that I hold nothing but the deepest respect for both organizations. I can never thank you enough for what you have done for me.

Herbert Sohn, M.D., J.D.
Chicago

Editor's Note: Dr. Sohn's point is well taken. We regret the ill-chosen phrase and assure him no personal malice was intended.

Specify Adjunctive
LIBRAX®





IL
To insist on the brand, be sure to check the "May not Substitute" box on your prescription.

In IBS,* when it's brain versus bowel,

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).
Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**
As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.
Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

P.I. 0288

ROCHE Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

IT'S TIME FOR THE PEACEMAKER.

In irritable bowel syndrome,* intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive
LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Copyright © 1989 by Roche Products Inc. All rights reserved.

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin

If these were your patients, how would you have handled these cases?

Case #1

Presenting complaint and initial diagnosis – A 26-year-old machinist was referred to a cardiovascular surgeon because he was experiencing anginal pain, faintness, dizziness and extreme fatigue upon exertion. The cardiovascular surgeon diagnosed pulmonary valve disease, probably congenital in origin.

The case in brief – The surgeon determined that the patient's valve problem had become so severe that complete replacement was necessary. Surgery was scheduled. The implanted valve was a popular version widely used throughout the world. Two years later, the manufacturer announced a recall of the valve, saying that in some instances the valve fractured, causing life-threatening emergencies for patients. Although the failure rate was estimated to be generally less than 1 percent, the threat nevertheless was considered significant enough to warrant the recall.

The potential claim – The surgeon, who acted in good faith, now faces involvement in a potential claim should the questionable valve he implanted rupture. He could also face a claim for emotional anguish from a patient who learns that such a valve has been implanted and must endure continued anxiety about its possible failure.

The possible outcome of the claim – In similar cases where a heart valve has failed, leading to death or disability, awards and settlements have been substantial.

Case #2

Presenting complaint and initial diagnosis – A 32-year-old house painter visited his family physician. He said that over the last year he had become easily fatigued, short of breath, and recently had become dizzy and fallen off a ladder. In light of the patient's childhood history of rheumatic fever, the family physician suspected aortic valve disease. He referred the patient to a cardiovascular surgeon.

The case in brief – The surgeon confirmed the diagnosis, determined that valve replacement was necessary and successfully implanted a widely used version of a valve. Eighteen months later, the patient collapsed and was brought to the hospital, where emergency surgery revealed the valve had fractured. Surgeons stabilized the patient and implanted a new valve. Although the patient recovered, he suffered minor memory loss and kidney problems. He was disabled and could not return to work.

The resulting claim – The patient and his family sued the surgeon, the hospital and the valve manufacturer for negligence resulting in permanent impairment, and sought several million dollars in damages.

The outcome of the claim – The hospital settled for an undisclosed sum. The physician argued he had no knowledge that the valve was faulty when it was implanted. The manufacturer unsuccessfully argued that the valve had been improperly implanted and damaged during insertion. The surgeon countered that the procedure was performed according to the highest standards of care. The case went to trial and a jury found the manufacturer 75 percent negligent. The jury also found the surgeon 25 percent negligent for failing to inform the patient that, after implanting the valve, he had learned it could rupture. The jury awarded nearly $1 million.

Case #3

Presenting complaint and initial diagnosis – A 66-year-old woman required open-heart surgery for a triple bypass and was admitted to the hospital for the procedure.

The case in brief – The procedure was performed without any apparent problems. However, the patient developed renal complications, which progressed to postoperative renal failure, requiring hemodialysis. The surgeon was puzzled by the complication until three days after the procedure, when he received a recall notice on a blood warmer that had been used on the patient. He was able to identify the specific piece of equipment used because equipment identification numbers were routinely recorded on the operative record in open-heart procedures. When tested by the surgeon and hospital biomedical personnel, the unit overheated significantly. This equipment malfunction was determined to be the cause of the patient's complications.

The resulting claim – The surgeon in this case avoided a lawsuit by promptly identifying the equipment problem and maintaining good communication with the patient and her family. He factually and objectively informed them of the equipment recall (received after surgery) and the reasons for the renal complications. He expressed his concern for the patient, maintained his communication and follow-up, and conveyed his desire to assist in finding a reasonable solution for all concerned. The surgeon worked with his professional liability insurer and the hospital in planning the best response to this incident from the time the unexplained complication was first identified.

The outcome of the claim – The physician and hospital negotiated with the patient for an undisclosed claim settlement. The equipment manufacturer subsequently settled with the patient.

The points these cases make – Physicians and hospitals often face liability when a piece of equipment or device is faulty or malfunctions, causing harm to a patient, even though ostensibly the manufacturer is the key target. Plaintiffs' attorneys will argue that the defendants knew or should have known the device was operating improperly. The threat of punitive damages also may figure in such cases.

In the first two cases, a current dilemma for surgeons is presented. A heart valve implanted in 86,000 patients in America and thousands more overseas was recalled because it can disintegrate. Several hundred deaths have since been reported as a result of the malfunction. A surgeon, surgical team and the hospital can be named if a patient with such a valve dies or suffers injury because the device was defective, even though the valve was considered state of the art when implanted.

The surgeon's dilemma is whether to advise patients that they have a potentially defective valve. From a

(continued on next page)

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

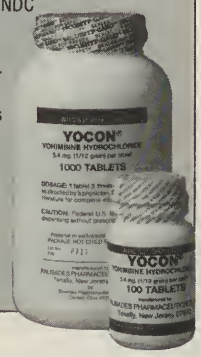
Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85

AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

liability defense standpoint, telling the patients is probably the safest approach. The current consensus of clinicians is, however, that the risk of replacing the valve is too great to justify doing so unless the patient is symptomatic. Therefore, telling a patient a valve could rupture, while at the same time admitting that nothing can be done, can produce increasing anxiety in a patient whose heart may already be compromised. The possibility also exists that some patients may file a claim for the very anxiety that the information produces.

Thus, every patient presents an individual judgment call for the physician, Exchange advisers say. They advise surgeons to formally request and carefully consider all information from the manufacturer about the recall and injuries that have resulted from a malfunction. Consult with your professional liability insurer. Then, carefully document the decision whether to inform the patient, and the rationale for the decision, in the chart.

There are also several other points to consider when devices or equipment malfunction or prove faulty:

- Become familiar with the equipment or device. (A technician admitted at the trial that she had not read the manual for a device that proved faulty, and the court found that in itself was proof of negligence.)
- Check with your hospital to learn what risk management procedures exist for responding to recalls and suspected malfunctions, and for assuring that equipment that has or may have caused injury is immediately removed from service and protected from unauthorized access.
- Do not use suspect equipment and report any equipment problems immediately.
- If a recall occurs, collect all possible information about the defect initiating the recall.
- Do not surrender any piece of equipment or device that has been implicated in an injury or death. Be aware that company representatives may suddenly appear to replace the equipment. The potentially offending item is essential evidence in evaluating and proving equipment involvement. Should a case go to trial, the manufacturer may allege that the injury resulted because of improper use or maintenance by the physician or hospital, not because of a defect in the product.

Involve your professional liability insurer promptly. They can advise you of actions that can help minimize damages, improve defense and possibly prevent a lawsuit. ▲

Carol Brierly Golin is publisher of Medical Liability Monitor.

Her anxiolytic is working—but she's alert, functioning, and at no risk of a benzodiazepine withdrawal syndrome when therapy ends.



That's

Efficacy!

BuSpar relieves anxiety and returns your patient to normal activity

...with no more sedation (10%) than induced by placebo (9%)[1]
...without inducing significant cognitive[2] or functional impairment*
...without producing a benzodiazepine withdrawal syndrome[3] upon discontinuation

Effective choice for anxiety

BuSpar®
Tablets, 5 mg and 10 mg
(buspirone HCl)



for a different kind of calm

*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

© 1988, Bristol-Myers Company, Evansville, Indiana 47721, U.S.A. MJL8-4237R2

BuSpar®(buspirone HCl)

References: 1. Newton RE, *et al*: A review of the side effect profile of buspirone. *Am J Med* 1986;80(3B):17-21. 2. Lucki I, *et al*. Differential effects of the anxiolytic drugs diazepam and buspirone, on memory function. *Br J Clin Pharmacol* 1987;23:207-211. 3. Lader M. Assessing the potential for buspirone dependence or abuse and effects of its withdrawal. *Am J Med* 1987;82(5A) 20-26

Contraindications: Hypersensitivity to buspirone hydrochloride.
Warnings: The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment.
Precautions: ***General***—*Interference with cognitive and motor performance:* Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol.
Potential for withdrawal reactions in sedative/hypnotic/anxiolytic drug dependent patients: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdraw patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures.
Possible concerns related to buspirone's binding to dopamine receptors: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (eg, dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported; the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (ie, represent akathisia).
Information for Patients—Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding; and not to drive a car or operate potentially dangerous machinery until they experience how this medication affects them.
Drug Interactions—Concomitant use with other CNS active drugs should be approached with caution (see **Warnings**). Concomitant use with trazodone may have caused 3- to 6-fold elevations on SGPT (ALT) in a few patients. Concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations in normal volunteers. The clinical significance is not clear. Buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins, but may displace less firmly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin, phenytoin, phenobarbital, digoxin, and Synthroid.
Carcinogenesis, Mutagenesis, Impairment of Fertility—No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed, chromosomal aberrations or abnormalities did not occur.
Pregnancy: Teratogenic Effects—Pregnancy Category B: Should be used during pregnancy only if clearly needed.
Nursing Mothers—Administration to nursing women should be avoided if clinically possible.
Pediatric Use—The safety and effectiveness have not been determined in individuals below 18 years of age.
Use in the Elderly—No unusual, adverse, age-related phenomena have been identified in elderly patients receiving a total, modal daily dose of 15 mg.
Use in Patients with Impaired Hepatic or Renal Function—Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment.
Adverse Reactions (See also Precautions): ***Commonly Observed***—The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients, include dizziness, nausea, headache, nervousness, lightheadedness, and excitement.
Associated with Discontinuation of Treatment—The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling; gastrointestinal disturbances (1.2%), primarily nausea; miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary.
Incidence in Controlled Clinical Trials—Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: *Cardiovascular:* Tachycardia/palpitations 1%. *CNS:* Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%. *EENT:* Blurred vision 2%. *Gastrointestinal:* Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%. *Musculoskeletal:* Musculoskeletal aches/pains 1%. *Neurological:* Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%. *Skin:* Skin rash 1%. *Miscellaneous:* Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%.
Other Events Observed During the Entire Premarketing Evaluation—The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses of the drug under well-controlled, open, and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. *Cardiovascular*—frequent: nonspecific chest pain; infrequent: syncope, hypotension, hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. *Central Nervous System*—frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, fearfulness, loss of interest, dissociative reaction, hallucinations, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. *EENT*—frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. *Endocrine*—rare: galactorrhea, thyroid abnormality. *Gastrointestinal*—infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. *Genitourinary*—infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. *Musculoskeletal*—infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias. *Neurological*—infrequent: involuntary movements, slowed reaction time; rare: muscle weakness. *Respiratory*—infrequent: hyperventilation, shortness of breath, chest congestion; rare: epistaxis. *Sexual Function*—infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. *Skin*—infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. *Clinical Laboratory*—infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. *Miscellaneous*—infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, hiccoughs.
Postintroduction Clinical Experience—Rare occurrences of allergic reactions, cogwheel rigidity, dystonic reactions, ecchymosis, emotional lability, tunnel vision, and urinary retention have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar has not been determined.
Drug Abuse and Dependence: ***Controlled Substance Class***—Not a controlled substance.
Physical and Psychological Dependence—Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (eg, development of tolerance, incrementation of dose, drug-seeking behavior).
Overdosage: ***Signs and Symptoms***—At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. No deaths have been reported in humans either with deliberate or accidental overdosage.
Recommended Overdose Treatment—General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.
For complete details, see Prescribing Information or consult your Mead Johnson Pharmaceuticals Representative.
U.S. Patent Nos. 3,717,634 and 4,182,763

Mead Johnson PHARMACEUTICALS
A Bristol-Myers Company
Evansville, Indiana 47721

SEVEN WAYS TO SHARPEN YOUR MEDICAL SKILLS.

The Army Reserve offers a number of highly specialized medical courses you can't always get in civilian hospitals—with the kind of flexibility your busy schedule demands. Here is just a sampling of the unique training programs available to you in the Army Reserve:

COMBAT CASUALTY CARE Prepares you for treating trauma patients in your civilian career. Learn how to live, survive, and function in challenging environments.

ADVANCED TRAUMA/LIFE SUPPORT Teaches you how to treat trauma patients during the critical first hour of injury. Sponsored by the American College of Surgeons.

ADVANCED BURN LIFE SUPPORT Teaches you how to treat and manage the unique characteristics of the burn patient. Sponsored by the American Burn Association.

ADVANCED CARDIAC LIFE SUPPORT Centers upon the treatment and life-saving intervention associated with the acute cardiac patient. Sponsored by the American Heart Association.

TROPICAL MEDICINE Provides you with advanced in-depth training in parasitology, infectious diseases occurring in tropical and other areas of the world, and other related topics.

FLIGHT SURGEON Gives you a working knowledge of aviation medicine in a course that offers opportunities for frequent operational flights.

AVIATION MEDICINE Offers you a follow-up to the Flight Surgeon course and includes air ambulance operations, airfield operations, and aeromedical research.

Join a local medical unit and serve as few as 16 hours a month and 14 days of active duty during the year. The time you serve can be scheduled around your busy private practice.

You might also have the opportunity to participate in our Individual Mobilization Augmentee Program and serve just two weeks each year.

If you would like more information about these or other medical opportunities, or would like to be contacted by an Army Reserve physician, call 1-800-USA-ARMY.

ARMY RESERVE MEDICINE.
BE ALL YOU CAN BE.®

Dr. Korte

(continued from page 1)

ly agree. After receiving the state honor in July, Dr. Korte (pronounced CORE´-tee), was named the national 1990 Family Doctor of the Year by the American Academy of Family Physicians (AAFP). Dr. Korte, only the second woman to receive the award since its inception in 1976, is a member of the Illinois State Medical Society.

"The thing I like most about being a family physician is becoming close to people, and knowing them in other ways," Dr. Korte said. "I see them at Cub Scouts meetings, recitals, in church. I like being part of their families."

Calling her the "embodiment of the American rural family physician," AAFP President Kenneth W. Whittington, M.D., presented Dr. Korte, 58, with the bronze symbol of the award, a statuette of Asklepios, the Greek god of medicine, at the opening session of the AAFP Congress of Delegates in Dallas, Texas, on Oct. 6.

"She has a quintessential family practice," said Dr. Whittington, a family physician from Bethany, Okla. "She delivers about 60 babies a year, is the medical director of the nursing home associated with her hospital and provides the 22,000 or so people of the surrounding community with a full range of health care services.

"The thing I like most about being a family physician is becoming close to people, and knowing them in other ways. I see them at Cub Scouts meetings, recitals, in church. I like being part of their families."

"But what her fellow townspeople tell about her," Dr. Whittington continued, "is her compassion for her patients and her uncommon efforts to reach out and help them under adverse circumstances. They also talk about how she loves to play the piano and accompany little Suzuki-method violinists at their practice."

Evidence of that compassion is contained in the nominating letters that brought Dr. Korte the state honor. "Infants and small children hold out their arms or climb on her lap instead of crying or being frightened when she examines them," wrote Judy Gillogly, R.N., in a three-page nominating letter. "Teen-agers find her an understanding friend."

Gillogly, who has served as Dr. Korte's nurse at the 55-bed Carthage Memorial Hospital for eight years, and accompanies Dr. Korte every afternoon on her rounds, also wrote that, "One of [my] first recollections of [Dr. Korte's] great capacity for caring was when Ms. W., a retired and meticulous school teacher, was admitted towards the end of a serious illness. Dr. Korte came with a beautiful gown and robe for the patient. She said that all the time she had cared for Ms. W., the patient had always worn beautiful undergarments. Now Dr. Korte wanted her to die with dignity.

"Ms. W. was very weak but somehow she had the strength, with the nursing staff's help, to have the gown and robe on when Dr. Korte visited. It was a very touching scene – dying with dignity."

"I am 32 years old," wrote Candace Franklin, one of Dr. Korte's patients from Keokuk, Iowa, "and by the time you receive this letter will hopefully have given birth to our 10th child, all under the age of 12. They are all our natural children and have all been delivered by the same physician, Dr. Elizabeth Korte." Dr. Korte brought the child, a girl, into the world on Feb. 3. The Franklins named her Elizabeth, after Dr. Korte.

Franklin, whose family she said often publicly performs (singing, dancing and playing the fiddle) together, wrote that over the years she and Dr. Korte have become fast friends. "She is happy when I'm happy, proud when I'm proud, she is disturbed when I'm having problems, and she is always there for support."

Dr. Korte, an Iowa native who received her M.D. degree in 1959 from the University of Iowa Medical School, has practiced in Carthage since 1969. Before coming to the western Illinois town of 3,500 several miles from the Mississippi River, she practiced in Indianola, Iowa, and Warsaw, Ill. She also worked at the Western Illinois University Health Service in Macomb, at Bowling Green State University in Ohio and interned at Mercy Hospital in San Diego, Calif.

In addition to delivering about 60 babies a year, Dr. Korte said she covers the Carthage emergency room once a week, sees about 200 office patients per week, and carries a hospital load of six to 12 patients per day. "I make my own rounds on weekends and answer my own office phone line at home when there are no employees in the office," she said. "I participated in the first use of streptokinase (a state-of-the-art clot-dissolving agent) in our hospital and have served every office on the medical staff." She has also served one term on the hospital board.

Dr. Korte, who speaks Spanish, and her husband Allen, an English professor and professional photographer, have three children, Bruce, Jennifer and Jeffrey.

In addition to her other activities, Dr. Korte follows the high school football team since Jeffrey, 15, began playing, but explains that she really goes "to help prevent him from breaking any bones." For the last several years, the Kortes have taken South American youths into their home in a student exchange program. Currently they are hosting a teen-age boy from Bolivia who could only speak Spanish and Portuguese when he arrived.

"Our community was very lucky when Dr. Korte came to town," wrote another of Dr. Korte's patients, Shirli Dickerson, R.N., in a plea that proved prophetic. "Thank you for sponsoring this award. I hope and wish you can see Dr. Korte as we see her." ▲



P. L. Fooken

The 1990 Family Doctor of the Year Elizabeth Korte, M.D., examines a patient. The family physician sees about 200 patients in her Carthage office each week.

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

JACKSON AND COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

NEWS CAPSULES

Members in the news

J. Robert Thompson, M.D., a retired pathologist from Oak Park, was appointed by his son, Illinois Gov. James R. Thompson, to the Illinois Health Facilities Authority. Dr. Thompson replaces **Alfred J. Kiessel, M.D.**, a member of the Illinois State Medical Society Board of Trustees, from Decatur. Thompson also appointed three members to the Illinois AIDS Advisory Council. They are **Judith Ann Cooksey, M.D.**, of Evanston, associate vice chancellor for health services at the University of Illinois at Chicago; **Lonnie C. Edwards, M.D.**, of Chicago, deputy medical director of Cook County Hospital, Chicago; and **John J. Barton, M.D.**, of Marengo, chairman of the department of obstetrics and gynecology at Illinois Masonic Medical Center in Chicago. These appointments expire Dec. 1, 1994.

Harold E. Bergee, M.D., of Moline, was named a fellow of the American College of Radiology (ACR) at its annual meeting. Fellowships in the ACR are awarded for significant scientific or clinical research in radiology. Dr. Bergee is one of 131 new ACR fellows.

Richard Schultz, M.D., a plastic surgeon from Park Ridge, was one of seven American surgeons to take part in an 11-day "Physicians for Peace" program in Israel. Dr. Schultz donated his services to perform surgery with Israeli surgeons on children on the West Bank of the Jordan River and the Gaza Strip. "Physicians for Peace" is an international organization that works for the advancement of peace by serving the medical needs of people in war-torn areas. Dr. Schultz is on the medical staff of Lutheran General Hospital in Park Ridge.

Herand Abcarian, M.D., of River Forest, was selected to be the first appointee to the Turi Josefsen Chair in colon-rectal surgery at the University of Illinois at Chicago (UIC). The chair, endowed with a $1.5 million grant from the United States Surgical Corp., will allow Dr. Abcarian to concentrate exclusively on research into problems of the colon and rectum. Dr. Abcarian has been a UIC professor of medicine since 1983, and is chief of colon and rectal surgery at Cook County Hospital, Chicago.

Ronald L. Ruecker, M.D., of Decatur, was re-elected a trustee of the American Society of Internal Medicine (ASIM). Dr. Ruecker is a clinical associate professor of medicine at Southern Illinois University and a member of the medical staffs of St. Mary's Hospital and Decatur Memorial Hospital in Decatur, St. Anthony's Hospital in Effingham and Dr. John Warner Hospital in Clinton. He is also president of the Macon County Medical Society and the Foundation for Medical Care in Illinois. Dr. Ruecker, who was first elected to the ASIM board last year, will serve a three-year term.

An award has been established by the American Gastroenterological Association in the name of **Joseph B. Kirsner, M.D., Ph.D.**, of Chicago, to encourage research into the diagnosis and treatment of digestive diseases. The J.B. Kirsner Award for excellence in clinical research in gastroenterology honors Dr. Kirsner, Louis Block Distinguished Service Professor of Medicine at the University of Chicago, where he has been a faculty member since 1936.

DuPage scholarships

The DuPage County Medical Society Foundation, established in 1965, recently awarded scholarships to 13 area students who have decided to enter health care fields. The scholarship program was originally funded by donations accumulated during the administration of the first Salk polio vaccine to residents in DuPage County. Applicants must be residents of DuPage County, demonstrate financial need and scholastic ability, and show proof of enrollment in a program related to health care. The scholarship recipients are Susan Allen, audiology; Elizabeth Bell, physical therapy; Renee Bleske, nursing; Kelly Collins, medicine; Robert Miser, medicine; Haliana Havel, physical therapy; Jennifer Jardon, nursing; Susan Taylor, dietetics; Michelle Lee, nursing; Annette Rocska, occupational therapy; Jehan Wakeem, dentistry; Jill Williams, nursing; and Alexandria Zaleski, medicine.

Citizen's award

The Lake County Medical Society (LCMS) presented three Lake County residents with the society's 1990 "Citizen's Award" June 30. Dennis Margheim, Carlyne Weil and Barbara Wells were honored in Highwood at the LCMS' annual awards dinner for their work and volunteer activities on behalf of the health and well-being of people in their community. ▲

For Your Patient Referral Needs

One Call Gets Us All
1-800-472-3660
or
Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex

MEDICAL COLLEGE OF WISCONSIN

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

Theodore Sachs, M.D.: martyr to the cause of public health

AT THE TURN of the century, the twin plagues of tuberculosis and political corruption infected the city of Chicago. One man, Theodore B. Sachs, M.D., director of the city's first tuberculosis sanitarium, was a crusader against one – and a victim of the other. He became a martyr to his cause when he committed suicide in 1916 to protest "political management" of the city's tuberculosis clinic.

1 5 0

During Dr. Sachs' short career, he alleviated the suffering of thousands of "consumptives," helped stall the rapid spread of the devastating disease and contributed to change in scientific thinking about tuberculosis. A Russian emigré, he graduated from Chicago's College of Physicians and Surgeons, interned at Michael Reese Hospital and established a practice to serve sick poor in the city's congested Russian-Jewish quarter. Hull House's Jane Addams wrote in her book, *Second Twenty Years at Hull House,* that she was daily "impressed anew with the universal testimony of gratitude and affection showered upon [Dr. Sachs] by the poorest of his compatriots."

In 1903, Dr. Sachs began to study the prevalence of tuberculosis among children of tubercular parents. Until then, and throughout most of the 19th century, tuberculosis was considered a debilitating hereditary affliction rather than an infectious "social disease." As a result of his research, Dr. Sachs was one of the first to recognize tuberculosis as a "disease of poor people," one that "prevails most widely where social conditions are unfavorable ... crowded, unsanitary quarters with insufficient food and unhealthful occupations."

Dr. Sachs actively campaigned for the establishment of a municipal tuberculosis clinic in Chicago, where any patient, no matter how impoverished, would be treated with the most advanced scientific techniques. When he was appointed head of the Municipal Tuberculosis Sanitarium in 1909, Addams wrote that she "rejoiced with many people throughout the city."

But their happiness was short-lived. Shortly after his appointment, Dr. Sachs resigned, stating in a letter to Mayor William Hale "Big Bill" Thompson, "I do not believe in political management of hospitals, sanitaria or similar institutions." Thompson's political machine had a ruthless grip on every municipal institution in Chicago. The mayor saw the sanitarium as yet another outlet for patronage, insisting that his political cronies, rather than qualified medical professionals, be appointed to the staff.

One month after his resignation, Dr. Sachs killed himself at the sanitarium. The tragedy was "almost unbearably poignant," Addams wrote. "Although we knew that he encountered unending difficulties with the officials of a corrupt city administration in his efforts to care for his patients properly, we were all aghast one morning to learn that this brilliant, sensitive man had committed suicide as a protest against the entire situation. He himself had explicitly stated his desperate hope that some reforms might thus be induced which would result in better conditions for those poor people in Chicago who were suffering from tuberculosis." His death, Addams added, clearly indicated "[the need] above all for the removal of the callous politician from the possibility of interfering in the case of the sick poor."

The tragedy caused an outcry among the press and some civic groups – but not enough to reform Chicago politics. In fact, the mayor and the health commissioner claimed that Dr. Sachs committed suicide because a shortage had been found in his financial accounts. The charges were later proven to be unfounded. ▲



Theodore B. Sachs, M.D., dedicated his life to caring for tuberculosis patients.

The Simple Pleasures

Remember when every major medical plan was like this . . .

"No pre-approvals," the doctor said. The doctor just as easily could have declared that they were free to go to their favorite doctor *and* the trusty local hospital, with no questions asked. "We also enjoy fast, friendly claims service," added the office manager. "And the PBT's representatives always make me feel like they're on my side." It's not always this easy to find life's simple pleasures . . . great personal service . . . experienced staff used to meeting the needs of physicians and group practices . . . outstanding coverage options . . . and best of all—low group rates. However, it's what you would expect from your medical society's own program. After all, it's just what the doctors ordered!

If you're looking for the simple pleasures of a worry-free Office Benefits Program for your practice, you'll love the PBT. Enjoy our Major Medical Plan and your choice of Dental, Life, Disability and Dependent Life coverages.

For information, call toll free: (800) 621-0748. Or call (312) 559-9130 or mail coupon.

Please send information about the Office Benefits Program.

Coverage Includes:
☑ Major Medical

Options:
☐ Dental
☐ Life
☐ Disability
☐ Dependent Life

Office Manager/Contact Person: _____
Practice Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Total Number of Physicians & Staff: _____
ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

***Lang**
Charles A. Lang, M.D., of Wheaton, died June 9, 1990 at the age of 70. Dr. Lang was a 1951 graduate of Northwestern University Medical School, Chicago.

****Lawton**
Stanley Lawton, M.D., of Glendora, CA, died June 28, 1990 at the age of 93. Dr. Lawton was a 1926 graduate of Rush Medical College, Chicago.

****Lerner**
Benjamin H. Lerner, M.D., of Palos Park, died June 29, 1990 at the age of 85. Dr. Lerner was a 1933 graduate of Rush Medical College, Chicago.

****Light**
Geraldine Light, M.D., of San Francisco, CA (formerly of Aurora), died April 12, 1990 at the age of 82. Dr. Light was a 1933 graduate of the University of Iowa College of Medicine, Iowa City.

****Luhan**
Joseph A. Luhan, M.D., of South Pasadena, FL (formerly of Chicago), died July 10, 1990 at the age of 89. Dr. Luhan was a 1928 graduate of Northwestern University Medical School, Chicago.

****Matthews**
Arthur R.K. Matthews, M.D., of Rockford, died May 28, 1990 at the age of 86. Dr. Matthews was a 1929 graduate of the University of Western Ontario Faculty of Medicine, London, Ontario, Canada.

***McCarthy**
John R. McCarthy, M.D., of Park Ridge, died July 8, 1990 at the age of 64. Dr. McCarthy was a 1948 graduate of Loyola University Stritch School of Medicine, Chicago.

****Michaels**
Edward R. Michaels, M.D., of Westmont, died July 16, 1990 at the age of 80. Dr. Michaels was a 1938 graduate of Loyola University Stritch School of Medicine, Chicago.

***Millas**
John G. Millas, M.D., of Berwyn, died July 29, 1990 at the age of 74. Dr. Millas was a 1942 graduate of Chicago Medical School, Chicago.

***Mosny**
Emil K. Mosny, M.D., of Washington, died May 5, 1990 at the age of 76. Dr. Mosny was a 1937 graduate of Loyola University Stritch School of Medicine, Chicago.

****Nicholson**
John N. Nicholson, M.D., of Chicago, died July 25, 1990 at the age of 90. Dr. Nicholson was a 1932 graduate of the University of Cincinnati College of Medicine, Cincinnati, Ohio.

****Nowicka**
Helena Nowicka, M.D., of Chicago, died April 7, 1990 at the age of 79. Dr. Nowicka was a 1937 graduate of Akademia Medyczna Wydzial Lekarski, Warsaw, Poland.

****Oliver**
Marguerite G. Oliver, M.D., of Randolph, NY (formerly of Chicago), died May 4, 1990 at the age of 91. Dr. Oliver was a 1939 graduate of Ohio State University College of Medicine, Columbus.

***Panio**
Alexander M. Panio, M.D., of Chicago Heights, died April 25, 1990 at the age of 75. Dr. Panio was a 1943 graduate of Chicago Medical School, Chicago.

****Polito**
Anthony E. Polito, M.D., of Oak Lawn, died May 17, 1990 at the age of 84. Dr. Polito was a 1932 graduate of Loyola University Stritch School of Medicine, Chicago.

****Porter**
G. LeRoy Porter, M.D., of Savoy, died April 4, 1990 at the age of 83. Dr. Porter was a 1931 graduate of the University of Nebraska College of Medicine, Omaha.

***Reeves**
Henry H. Reeves, M.D., of Rockford, died May 31, 1990 at the age of 54. Dr. Reeves was a 1963 graduate of the University of Illinois College of Medicine, Chicago.

****Roeder**
Stuart Roeder, M.D., of Watseka, died July 19, 1990 at the age of 78. Dr. Roeder was a 1939 graduate of the Medical College of Wisconsin, Milwaukee.

****Salzman**
J. Marvin Salzman, M.D., of Springfield, died August 14, 1990 at the age of 84. Dr. Salzman was a 1929 graduate of Washington University School of Medicine, St. Louis, Missouri. ▲

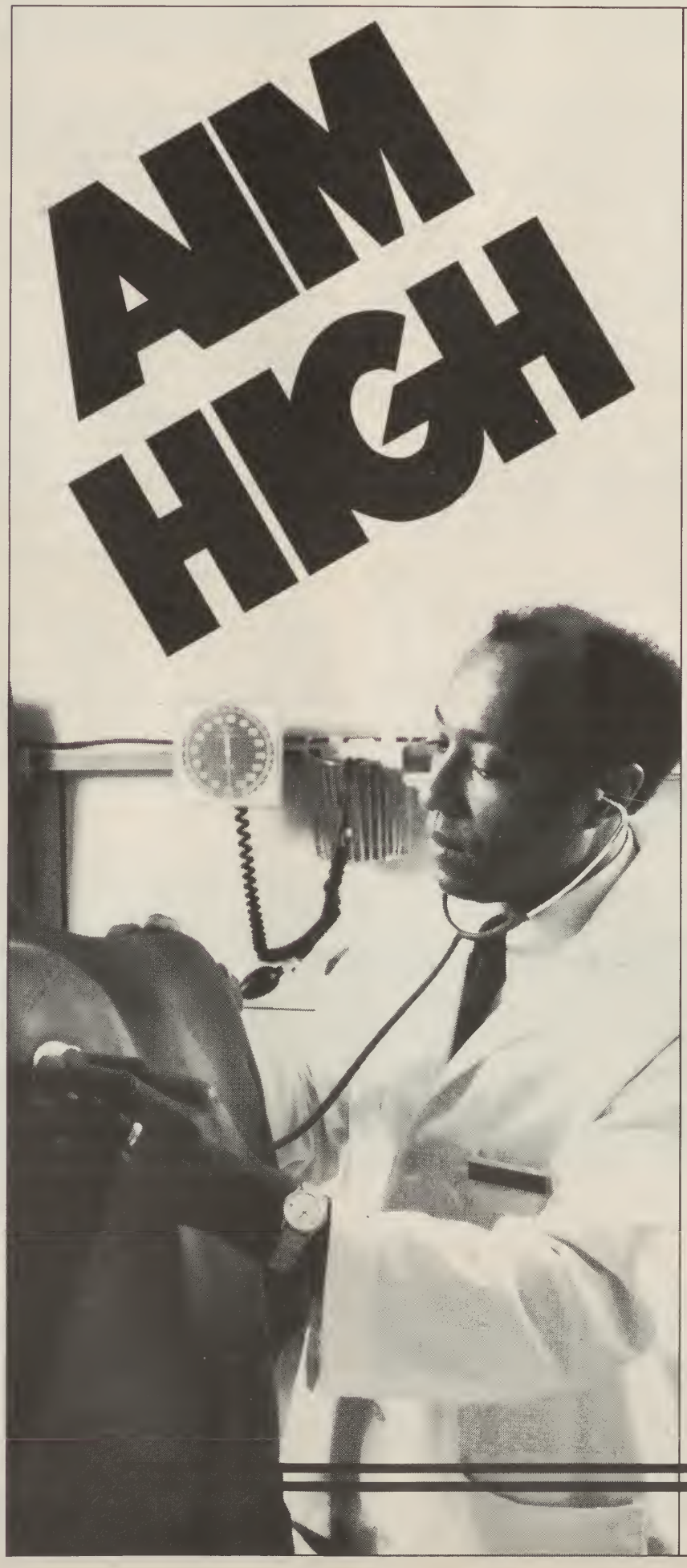
Outpatient charges *(continued from page 2)*

Bailey said, adding that Medicare reimburses at lower levels for outpatient services than inpatient services. In addition, hospitals are paying 12 percent to 24 percent more for their labor and supply costs, an increase that is growing faster than the rate of inflation, he said.

Along with the documented rise in outpatient charges, the medical consumer price index (CPI) is skyrocketing at double the inflation rate for all goods and services, or the "all-items" rate, Morrissey said. The all-items increase for last year was 4.6 percent, while the medical CPI rose 8.5 percent. In Chicago, all-items went up 5.4 percent and medical costs jumped 8.7 percent, he added.

Government budgeting priorities have shifted the burden of responsibility to the hospitals, Bailey said. "This cost shift puts hospitals in the role of a taxing body," he said. "It's how our society has chosen to fund care for the uninsured. Hospitals don't wish to be in the role of tax assessor and collector, but they must if they are to remain in business." He said a better alternative is to ensure the population has adequate health insurance and that Medicare and Medicaid reimbursements cover the care provided.

But until the government commits to raising reimbursement rates to address the problem of the growing number of uninsured, patients with insurance or who pay for their own care will bear the brunt for those with inadequate coverage, Bailey said. "I don't see underfunding being magically solved." ▲



SPECIALIZE IN AIR FORCE MEDICINE.

ER Physicians. Radiologists. OB/GYNs and other specialists! Today's Air Force gives you the freedom to specialize without the financial overhead of running a private practice. Talk to an Air Force medical program manager about the tremendous benefits of becoming an Air Force medical officer:

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay each year

Examine your future in the Air Force. Learn if you qualify. Call

USAF
HEALTH PROFESSIONS
1-800-423-USAF
TOLL FREE

AIR FORCE

Rockford merger

(continued from page 1)

the Rockford area. In his decision Roszkowski upheld that view, concluding that by lessening competition the proposed merger would hurt consumers.

Robert B. Klint, M.D., president and chief executive officer of SwedishAmerican Hospital, does not agree. "I'm one who believes that while competition has done some good things, it doesn't do in health care what it does in other industries," he said. "We've been competing as Judge Roszkowski told us to do and, in fact, competition is driving costs up."

Supporting Dr. Klint, H.W. Maysent, chief executive officer of Rockford Memorial, cited a study by the Baltimore-based Health Care Investment Analysts, Inc. "Their findings confirm what many health economists have contended for a long time," he said. "They found that hospitals in the most competitive markets had higher costs per case and higher charges per case than hospitals in less competitive markets."

Parallels to Virginia case

The Justice Department filed a similar case against the proposed merger of two hospitals in Roanoke, Va. In that case, the local circuit court allowed the merger. To many observers, the two decisions appear contradictory.

Decisions in both cases rested largely on the courts' definition of geographical markets for tertiary care. In Roanoke, the judge defined the market as regional, covering about 250 miles. In Rockford, Roszkowski defined it as local, comprising a 40-mile radius around the city. In each case the judge considered competition within the defined market.

From the beginning, attorney Campbell argued against this narrow Rockford market definition. More than one-fourth of Rockford's patients – accounting for 40 percent of the hospitals' revenues – come from beyond the court-defined geographical area, he said. He sees Chicago, Milwaukee and Beloit, Wis., among others, as offering intense competition for these patients' tertiary dollars. But, having excluded those markets from consideration, the court found that the merger would mean less competition.

"We have a clear conflict between Roanoke and Rockford," Campbell said. "The rules of the road have been decided in completely opposite ways by two courts of appeals. For the Supreme Court not to have heard the case means that hospitals in future merger cases are going to be left with a tremendous amount of uncertainty."

The Justice Department does not see this as troubling. Robert Bloch, chief of the professions and intellectual property section of the Antitrust Division, said the department will continue to examine each merger case individually to determine whether significant competitive issues are presented. "People considering such transactions should study the Rockford opinions to see what analysis we're applying when we consider them," he said. "The 7th Circuit in the Rockford case adopted the analytical framework presented by the Justice Department. It's one we will stay with to evaluate hospital mergers."

With the merger no longer in question, Rockford Memorial and SwedishAmerican plan to move ahead. "We intend to pursue our dream of a regional health care facility," said Maysent. "But we're going to have to do that independently."

"This has been in limbo for a long time," noted Dr. Klint. "At least now the course is clear. It may not be the best course, but we feel free to pursue somewhat overlapping strategic plans and go ahead and compete." ▲

ADA

(continued from page 1)

son." The final regulations, as reported in the *Federal Register* read, "Any person or entity that fails to report information on a payment required to be reported under this section is subject to a civil money penalty. ..." The statute never included the word "person," Logan said, and its inclusion in the final regulations requires individual practitioners to report to the data bank as malpractice payments any refunds to patients for unsatisfactory work.

In addition, Logan said the ADA believes that Congress intended only payments made to patients by insurance carriers or self-insured providers or payments made as a full or partial settlement in a malpractice claim to be reportable to the data bank. "A refund of fees is not an insurance payment; it's not from a liability pool set aside for insurance purposes," the ADA attorney said. "We're questioning the nature of damages. We think the statute means those damages paid by a professional liability insurer, and we don't think Congress meant to include doctors paying a patient out of their own checkbook."

The ADA also includes a practical argument in its challenge of the data bank regulations, Logan said. All businesses give refunds, she said, adding that refunds are a good business practice and build good will. "Giving that refund is not the payment of damages as a result of injury to a person," she noted. "Refunds for patients are routinely given in dentistry and medicine. It's simply giving a person their money back when they're not satisfied with the work or service they received. "

The ADA, which was joined in the lawsuit by seven state dental societies, including Illinois', and four individual dentists, is seeking a declaratory judgment that the regulations, as they interpret the statute, are unlawful. "We'd also seek that the correction be [retroactive] to Sept. 1, when the data bank began operations. That means any reports ... about dentists who refunded fees would be expunged from the data bank's records," Logan said.

Other concerns cited

Logan said the ADA has other concerns about the data bank reporting regulations – such as confidentiality, reportability of other actions and the manner in which the data bank distributes information without qualifying it – but did not want to include all its complaints in one lawsuit. "We want a clear-cut, easy-to-follow issue," she said. "Adding all the other issues would muddy the waters and we didn't think we'd be able to convince a judge to look at it."

The dental organization, which represents 140,000 dentists across the United States, including 6,500 in Illinois, filed the suit because, "We felt the entire peer review system was in jeopardy if we didn't do something," Logan said. Refunding fees is a common recommendation in dental peer review mediations, she said, but because these payments are now reportable to the data bank, many states are disbanding their peer review organizations.

If fee refunds remain reportable to the data bank as medical malpractice fees, dentists will have no other choice but to discontinue offering patient refunds, an "efficient resolution of patient disputes," according to the lawsuit.

"Without this lawsuit," said ADA President Eugene Truono, D.D.S., "there very likely would be an increase in litigation, an increase in professional fees to cover increases in liability insurance, dissatisfied patients and a serious impairment of peer review as it is known today."

Logan said the ADA hopes the lawsuit is the first chink in the data bank's armor, and that other health care organizations with a stake in data bank operation also "take a stand" and challenge the regulations. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Large south side practice is looking for energetic physicians to join a stable practice of twelve years. Looking for (1) family practitioner, (2) general practitioner, (3) pediatrician. Please respond in confidence to: P.O. Box 578, Chicago, IL 60617.

Medical surgical center seeking physicians to work part-time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 108, Des Plaines, IL 60016, or call 708/390-9300 or 708/390-0300.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin, 44 physician, multispecialty group is seeking two internists, a vascular surgeon, a rheumatologist, an OB/gyn, an ophthalmologist and an orthopedist. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Parkway, Beloit, WI 53511, or call 608/364-2200.

Busy practice, geripsychiatry, looking for full or part-time psychiatrists. Please call and/or send your CV to Center for Psycho-Social Development, 300 N. State St., #5308, Chicago, IL 60610; 312/565-2251.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Otolaryngology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820; 217/351-1285.

Dermatology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Pediatrics—Brainerd, MN: Join 2 pediatricians in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Private practice opportunities exist in southern Indiana affiliated with a 590 bed hospital. Specialties include internal medicine and family practice. Competitive compensation plan and attractive partnership arrangement available. Send CV to Don Hoit, 11222 Tesson Ferry Rd., Suite 203, St. Louis, MO 63123, or call 1-800-336-3963.

St. Louis University's HealthLine Physician Services is currently recruiting primary care physicians to provide clinical services in the emergency department of Harrisburg Medical Center in Harrisburg, IL; full-time and part-time positions are available. Moderate volume; 24-hour radiology, anesthesiology, laboratory; strong ED nursing and medical staff support. Competitive hourly rate with professional liability insurance provided. Contact Gerry Liebmann, 1-800-443-3901, 3663 Lindell, Suite 400, St. Louis, MO 63108.

Family practice—Wonderful opportunity for BE/BC physician to join dynamic north suburban Chicago group practice. Generous financial package and fringe benefit program. Modern fully equipped offices in growing progressive communities. No OB. Please forward CV to Box 2183, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine—Brainerd, MN: Join 7 internists in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Cardiology: 70-doctor multispecialty group seeking third cardiologist to associate in excellent growing consultative practice, combining both invasive and non-invasive opportunities. Well equipped offices within a well staffed, modern hospital minutes from clinic; "state of the art" catheterization laboratory with digital angiography and full non-invasive cardiac lab. New ICU and CCU being built. Drawing area 400,000. Stimulating midwest Big 10 university community of 100,000 with cultural advantages. Ideal for family. Medical school teaching affiliation. Excellent initial guarantee and fringes with early associateship and subsequent income based exclusively on productivity. Send CV to Ronald H. Deering, M.D., 101 W. University, Champaign, IL 61820.

X-ray technologist, experienced. For work with S.W. side group—established 44 years. Convenient to all expressways. Opportunity to work with patients in areas other than radiology. Bilingual English and Spanish preferred, but not necessary. Full or part-time. Contact: David Rosner, M.D., 312/247-4900.

Obstetricians/gynecologists—Illinois. Board certified or board eligible obstetricians and gynecologists wanted to join a 210 physician, multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801, or call collect at 217/337-3417.

Pediatricians—Illinois. Board certified or board eligible pediatricians needed to join 210 physician multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801; or call collect at 217/337-3417.

Family practice Minnesota—Physician needed for employment or ownership of broad based practice in rural community 45 minutes south of metro area. Existing shared call, tremendous earning history of retired physician, fully equipped and staffed office. Near outstanding hospital with all specialties represented. Guaranteed compensation, full benefits, bonus. For this and other opportunities in the upper midwest, send CV: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121. Call collect 612/454-7291.

Internist-gastroenterologist. Energetic, aggressive physician to join progressive north suburban group practice. Must be BC/BE. Excellent guaranteed compensation with fringe benefit program and incentive package. Candidate must be willing to do some general IM. New modern offices with excellent staff. Please forward resume with dates of availability to Box 2182, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Radiologist. Position in large outpatient clinic. Facilities include fluoroscopy, tomography, mammography, diagnostic ultrasound, plus general radiology. No invasive procedures. This multispecialty group is located in the far western suburbs of Chicago in an area offering excellent schools, housing and recreational facilities. Excellent workload and hours compared to hospital setting, plus the ability to work with a quality group in a pleasant environment. Reply to Box 2180, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Cardiologist, BC/BE invasive/non-invasive to join five cardiologists in cardiology department of large multispecialty clinic in Chicago suburb. Active CV surgery and PTCA programs. Clinical, non-invasive and invasive skills required. Prefer knowledgeable, competent, skillful, personable individual. Exceptional salary and benefit package leading to early partnership. Send CV and details about your interest. Reply to Box 2179, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine and family practice physicians BC/BE. Exceptional opportunity to join our well established, very busy multispecialty clinic located in Milwaukee. Attractive and well equipped building including in-house laboratory, x-ray department, business department, etc. Excellent progressive hospitals, medical school, regional medical center. The greater Milwaukee area offers superb family environment, diverse cultural and recreational options. This is a unique, outstanding professional and personal opportunity! Please send CV or contact Jonathan Slomowitz, M.D., Mitchell Medical Center, 1672 S. 9th St., Milwaukee, WI 53204; 414/383-4700.

Family practitioner—Unique opportunity for a board certified/eligible family practitioner needed for a southern Illinois family-oriented community. Established practice already in operation. Hospital offering an excellent package to defray start up expenses. Practitioner becomes part of the clinical services department of the hospital which includes a surgeon, urologist, family practitioner, and a general practitioner and pulmonary disease specialist. Contact E.A. Helfrich, Administrator, Union County Hospital District, 517 N. Main, Anna, IL 62906; 618/833-4511.

Seeking full-time, 37-1/2 hour work week, family practice or internal medicine physician to provide medical care, including treatment of minor emergencies, acute illnesses, routine physical exams and injuries. Competitive salary. Excellent benefits including paid malpractice, vacation, sick leave, tuition waiver, and retirement. Please submit a letter of application along with three letters of reference and a resume to: Jaime Cercone, M.D., Medical Chief of Staff, Beu Health Center, Western Illinois University, Macomb, IL 61455.

Internal medicine. Excellent opportunity for BC/BE internist with or without subspecialty to join progressive well established north shore group. Excellent salary with fringe benefit program. Fine residential area, excellent schools and all amenities of suburban Chicago living. Position available immediately but would be willing to wait for the right person. Please forward CV in strict confidence to Box 2181, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Ophthalmologists, anesthesiologist: BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. BC/BE anesthesiologist: full-time M-F. Daytime hours. No call. JCAHO certified state licensed surgicenter. Excellent financial opportunity. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Family practice/urgent care—southwest suburban Chicago. Attractive opportunity available for BC/BE family practitioner with hospital sponsored family practice/urgent care centers. Opportunity to develop private practice in one of Chicagoland's most attractive and growing areas. Excellent salary and paid malpractice insurance. Send CV to Director/Satellite Operations, Palos Community Hospital Primary Care Center, 15300 West Ave., Orland Park, IL 60462 or call 708/460-5300.

General internist. Marshfield Clinic, a growing nationally recognized 350-physician comprehensive multispecialty group, seeks BC/BE general internists to join its 30-member section in Marshfield and regional centers in central and northern Wisconsin. We offer the qualified general internist a variety of locations and practice opportunities including: 1) Traditional general internal medicine practice; 2) Scheduled practice in immediate care or emergency care; 3) Focused practice in perioperative medical care, chemical dependency, geriatrics, or psychiatric unit medicine. Send CV to: David L. Draves, Director of Physician Recruitment, Marshfield Clinic, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Family practice, Chester: Busy group practice in physician-owned, free-standing facility with lab, x-ray and minor surgery equipment. Excellent support staff. Nearby hospital is financially sound and recently expanded. Just one hour from St. Louis attractions. Package includes guaranteed base salary, bonus incentive, paid professional liability insurance, fringe benefits and more. Contact Gerry Liebmann, HealthLine Physician Services, 1-800-443-3901.

Chicago: full-time emergency medicine positions available in your choice of academic emergency departments contracted with Emergency Medical Associates of Illinois. Full-time physicians BC/BE in emergency medicine or BC/BE in a related specialty (with extensive ED experience) will receive a potential faculty appointment, superb compensation and benefits package, malpractice insurance with no tail, employee or independent contractor status, and continuity of working in one facility or diverse experience in emergency departments with volumes of 10,000-50,000. Part-time positions also available. Please contact Mable Terry 312/947-4569. Send your resume attention: Emergency Medicine, 5200 S. Ellis Ave., Chicago, IL 60615.

Staff psychiatrist. Medium-size medical center offers primary and extended care to a large area of west-central Wisconsin. Full range of psychiatric services include geriatric, long-term care, outpatient, PTSD, and alcohol. Salary range $85-$97,000, depending on qualifications and board certification. Benefits package includes malpractice protection, 30 days paid vacation, and annuity plan. Relocation expenses. 173-acre facility includes limited housing and nine-hole golf course. City of 7,500; a predominantly rural area offers affordable real estate, good schools. Conveniently located on I-90/94 midway between Milwaukee and Minneapolis. Call or write: Eugene J. Traynor, M.D., Chief, Psychiatry Service (116A), VA Medical Center, Tomah, WI 54660; 608/372-1631. EO/AAE.

Opportunities available on Chicago's North Shore with a number of expanding, well-established practices affiliated with Highland Park Hospital. All positions offer competitive starting salaries with partnership potential. Physicians interested in providing quality care in modern, well-equipped offices are needed in internal medicine, family practice, obstetrics/gynecology, orthopedics, pediatrics and general surgery. For immediate confidential consideration, send CV to Karen Teitelbaum, Dir., Physician Relations, Highland Park Hospital, 718 Glenview Ave., Highland Park, IL 60035, or call 708/480-3840.

Joliet area.Thriving family practitioner looking for partner. Terms negotiable. Call 815/722-2525.

Family planning clinic looking for board certified gynecologist with own malpractice to do pregnancy terminations 1-2 mornings a week. Send resume to: Administrator, P.O. Box 608, Elgin, IL 60121.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Podiatrist seeking part-time position with multispecialty/orthopedic group, HMO, clinic or solo practice. Fluent in Spanish. Chicago metropolitan area. Call 312/276-7349.

For Sale, Lease or Rent

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Active established primary care practice. Completely equipped, staffed and computerized. Excellent patient base. Will introduce. Chicago location. Call 312/346-3364.

Medical suite for rent: in high traffic, stable working community in Chicago area. Excellent demographics. Large modern suite with accessible parking. 312/238-6686.

Otolaryngology practice for sale. Solo practitioner retiring. Over 30 years in practice. Growing community 40 miles west of Chicago. Contact Mr. Hoffman, 708/696-0220 for details.

Family practice or combined with surgical practice. Solo. Unique opportunity. We lost one surgeon recently. Established 1966. Ten years old, well maintained office building (1,568 square feet) across shopping center. Population 14,500. 100 bed local hospital. Emergency room work available. Call coverage easy to arrange. Current physician retiring for health reasons. Local hospital willing to assist with financial matters. Please call 309/852-2697.

Successful allergy practice for sale in northwest suburbs of Chicago. Owner sees 25-100 patients daily and grosses $200,000 annually. Spacious office has five treatment rooms. Well-trained staff will remain with new owner. Asking $90,000. Call for more details. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Joliet area. Professional office space available. Ideal for medical/dental office. Call 815/722-2525.

For rent/sublease. Doctors office, Glenview. 900 square feet. Near Glenbrook Hospital. Seven rooms. Waiting room, lab. Available 11/1/90. 312/943-5405.

For sale. Two examination tables, EK-8 EKG machine and many small items. Call 812/299-8811.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Custom computer graphic slides. For your next lecture, let us design your slides. As specialists in the medical photography field, we are experts in design, color, details, and backgrounds. Pick up and delivery available. Unbeatable prices. For information and sample slides call Phil, 312/508-0811.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE

707 South Wood Street
Chicago, IL 60612

ACCME Accredited

November, 1990 — March, 1991

- ☐ Advances in Internal Medicine, 1990
  November 12 - 15, 1990
- ☐ Clinical Decision-Making
  November 16 - 17, 1990
- ☐ Advances in Anatomic and Clinical Pathology
  December 3 - 9, 1990
- ☐ Psychotropic Medications: Do's and Don'ts in Everyday Practice
  December 7 - 8, 1990
- ☐ Specialty Review in Thoracic Surgery
  January 7 - 12, 1991
- ☐ Review Course in Neurological Surgery
  February 1 - 10, 1991
- ☐ Clinical Psychiatry: A Comprehensive Review for Practicing Psychiatrists
  February 11 - 15, 1991
- ☐ The Biologic Basis of Neurology and Psychiatry: A Review for Board Candidates and Established Practitioners
  February 18 - 22, 1991
- ☐ Specialty Review in General Surgery, Part I
  February 18 - 25, 1991
- ☐ Advances in Geriatrics, 1991
  February 25 - 27, 1991
- ☐ Advances in Pediatrics, 1991
  March 4 - 8, 1991
- ☐ Advances in Family Medicine, 1991
  March 4 - 8, 1991
- ☐ General Surgery Update: 1991 (Sea Island, Georgia)
  March 18 - 21, 1991
- ☐ High-Risk Obstetrics
  March 20 - 22, 1991
- ☐ Fiberoptic Colonoscopy
  March 20 - 22, 1991
- ☐ Fiberoptic Esophagogastric Endoscopy
  March 25 - 27, 1991

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____

Address _____

City _____

State _____ Zip _____

Call toll-free today!

1-800-621-4651

ILLINOIS STATE MEDICAL INTER-INSURANCE EXCHANGE

THE EXCHANGE IS PHYSICIAN OWNED AND OPERATED, SUPPORTED BY A STAFF OF INSURANCE PROFESSIONALS. OUR COMMITMENT TO OUR POLICYHOLDERS ALLOWED US TO STAND FIRM WHEN OTHERS WERE ABANDONING ILLINOIS PHYSICIANS.



Protecting physicians from non-meritorious lawsuits is behind the Exchange's strong commitment to reform medical malpractice laws. Our continuing vigilance is aimed at protecting these hard-won reforms–some of which have been threatened by court challenges.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians

SINCE 1976

COMMITTED

TO THE ILLINOIS PHYSICIAN

ILLINOIS STATE MEDICAL INTER-INSURANCE EXCHANGE

W1 IL417L
V.2 NO.24 1990
C.D1--------SEQ: SR0063601
TI: ILLINOIS MEDICINE

Alzheimer's groups offer hope . . . 11

Illinois Medicine

November 23, 1990

ILLINOIS STATE MEDICAL SOCIETY

Hospitals take aim at Medicaid reimbursements

by Tamara Strom

CLAIMING MEDICAID reimbursements are too low and too slow, the Illinois Hospital Association (IHA) filed lawsuits Nov. 1 against the state and federal government agencies responsible for monitoring and administering Illinois' Medicaid program.

Filed in U.S. District Court for the Northern District of Illinois and the Circuit Court of Cook County, the two suits claim that Illinois' Medicaid reimbursements are inadequate and unreasonable under federal standards because of insufficient state budget appropriations.



Terry Vitacco

IHA President Ken Robbins said the lawsuits are part of the association's campaign to reform the Medicaid system.

Low Medicaid reimbursements are a "sore point" with health care providers, said IHA President Ken Robbins, and the "cumulative weight" of the payment shortfalls caused by inadequate reimbursements to providers led to the association's decision to take legal action. "The situation is getting worse, not better," Robbins said.

Although the hospital portion of this year's $2.5 billion Medicaid appropriation is $981.7 million, up 11 percent from last year, Robbins said the Illinois Department of Public Aid (IDPA) will fall "substantially short" and "should run out of money by April unless something is done." Hospitals anticipate increasing Medicaid patient loads and more patient days of care than the budget appropriation can cover, he said, and added, "We want to put the glare of the spotlight on this and go after the program in its entirety."

Hospitals join suit

Joining the suit because of reported fiscal 1990 losses attributed to Medicaid underpayment are three Illinois hospitals. Chicago's Illinois Masonic Medical Center cited losses of $8 million and Saint Anthony Hospital, also in Chicago, reported shortfalls of more than $2 million. Downstate, Memorial Hospital of

(continued on page 13)

Edgar wins the mansion, but Republicans lose in the House

by Kevin O'Brien



Wm. Daniels/The Photo Partners

Governor-elect Jim Edgar

ILLINOIS Secretary of State Jim Edgar retained the Republican Party's hold on the governor's mansion – and its now-celebrated Rose Garden – by narrowly defeating Attorney General Neil Hartigan in a spirited contest that was not decided until the early hours of Nov. 7. Unofficial results showed Edgar polling 1,634,524 votes, or 51 percent of the vote, to Hartigan's 1,537,174, or 48 percent.

Edgar will succeed Gov. James R. Thompson, who is retiring after serving an unprecedented 14 years. In a Chicago press conference Nov. 8, Edgar attributed his narrow win to a strong showing in traditionally Republican strongholds downstate, as well as to an unusually low turnout in Cook County.

Edgar benefited from endorsements from prominent members of Chicago's African-American community, notably Nancy Jefferson, chairman of the Midwest Community Council. Edgar did not comment directly on what impact the Harold Washington Party may have had on his election, but said there was little doubt that, "In the African-American community in particular, there was a negative reaction toward the Democratic Party, whether they voted for me, voted for [the] Harold Washington [Party] or stayed at home."

The performance of the Washington Party, which the U.S. Supreme Court reinstated on the ballot about two weeks before the election, was negligible in the county-wide races for which it slated candidates. Barbara Norman, Washington Party candidate for Cook County Board president, garnered only 12 percent of the vote. With 56 percent of the vote, Democrat Richard Phelan easily prevailed over Norman and Republican State Sen. Aldo DeAngelis, who captured

(continued on page 8)

Budget act FMG provision prompts Illinois resolution

by Kevin O'Brien

A "PARTICULARLY onerous" provision of the recently passed federal Omnibus Budget Reconciliation Act of 1990 (OBRA-90) has prompted the introduction of an Illinois resolution to the American Medical Association (AMA). The AMA House of Delegates will consider the resolution the first week of December at its interim meeting in Orlando, Fla.

The provision, which imposes restrictions on Medicaid reimbursement for foreign medical graduates (FMGs), is just one of a slew of Medicare and Medicaid reimbursement measures Congress finally adopted Oct. 27 after marathon negotiations with the Bush administration and one failed attempt at a budget package.

Several of the AMA's "anti-hassle" measures did make it into the budget package, and a number of provisions opposed by physicians were rejected by the lawmakers. These include requiring physicians to pay a $1 fee for each claim submitted non-electronically; expanding the prohibition against self-referral to include all facilities, not just clinical laboratories; requiring that physicians be periodically recertified for Medicare; and paying non-board-certified physicians 5 percent less than certified physicians. A detailed analysis of the OBRA-90 provisions will appear in a later issue of *Illinois Medicine.*

But, on the whole, budget savings accruing to Medicare and Medicaid beneficiaries come at the expense of providers. Between Nov. 1 and Dec. 31, for example, physician payments on all claims will be reduced by 2 percent.

Effective Jan. 1, Medicare rates for primary care visits will be raised, but only by 2 percent. At the same time, the national floor on prevailing

(continued on page 14)

In this issue

Humana set to buy Michael Reese 2

No-smoking campaign gets mixed response 3

Great moments in Illinois medicine 5

Exchange completes annual review of losses 6

**********3 DIGIT SCF 208
ILL3 IM
NATIONAL LIB OF MEDICINE
TS INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

Humana set to buy Michael Reese

by Tamara Strom

OFFICIALS OF THE well-known for-profit Humana Inc. predict its imminent purchase of Chicago's Michael Reese Hospital and Medical Center will come off without a hitch. The Illinois Health Facilities Planning Board ruled Nov. 2 that Humana did not need a certificate of need because it plans to retain all of Reese's current programs and services and unanimously approved the transfer of Reese's operating license to Humana.

That ruling "paved the way for the conclusion of the transaction," said Humana spokesman Tom Noland. "We're confident the transaction will proceed smoothly," he said, adding that the sale of the 652-bed hospital on Chicago's South Side and Michael Reese's 240,000-member HMO could be final in early December.

Despite Humana's optimism and the virtual certainty of the deal, many Chicago-area health care officials remain concerned that a for-profit Michael Reese will eventually cease treating non-paying and underinsured patients who have traditionally sought care at the South Side hospital. Other South Side hospitals are operating near capacity and could not handle an influx of new, non-paying patients, said Chicago Board of Health President Whitney W. Addington, M.D. Any major changes to Michael Reese's operations would send a "significant ripple" through the Chicago health care community, Dr. Addington said at the first of two fact-finding hearings he convened Oct. 25 and 29 to discuss the Michael Reese sale.

In response, Reese President Henry M. Nadler, M.D., said the proposed sale is the only option for saving the financially burdened hospital. Flat revenues and Medicaid underpayments led to a $17.5 million loss last year, including $2.5 million from participating as a Chicago Level I trauma center. The hospital has since withdrawn from the city's trauma system, and Humana officials have not decided whether Michael Reese will re-enter the beleaguered trauma network.

In recent years, the hospital has treated increasing numbers of indigent and underinsured patients, exacerbating financial problems, Reese officials said. Attempts to resolve the financial difficulties through proposed affiliations with the University of Chicago in 1985 and the University of Illinois at Chicago in 1989 failed. A less-ambitious affiliation was subsequently effected with the University of Illinois, through which medical students receive clinical training at Michael Reese. A university representative said it is too soon to tell whether the affiliation will be affected by the hospital sale, but added that there is no reason why the relationship could not continue.



Henry M. Nadler, M.D., Michael Reese president, said the sale will save the financially burdened hospital.

"If we'd been able to work out one of those other deals [with the universities], we wouldn't be standing here today," Dr. Nadler told the board of health. Selling the hospital and the HMO together is part of the price for continuing the hospital's mission of treating people in need regardless of their ability to pay, said Franklin A. Cole, former president of the hospital's board of trustees. Humana's initial interest was in purchasing only the successful HMO, but Reese officials would not sell the health plan without the hospital.

Change was needed

"Without change, Michael Reese cannot stay on the same road," said James D. Bohannon, a Humana executive vice president. He said Humana intends to attract more private patients by expanding some hospital programs and increasing HMO membership, which in turn will provide the funding needed to continue serving the medically indigent.

"There is nothing in Humana's record to show we won't make good our commitment to continue caring for indigent patients," Noland said. "And there is everything to show that when we make a commitment, we keep it." Entering into Chicago's depressed South Side health care market "poses a challenge we think we can meet," he added.

Humana is confident it can make up last year's $17.5 million deficit at Michael Reese, Noland said, noting that the 83 hospitals in the Humana chain reap the benefits of Humana's volume discount purchasing power. The corporation also provides central systems support, which eliminates duplication, he said. "It's a matter of balancing the need for cost-effective care with the absolute need [for] quality care," Noland added.

Health providers still unsure

Humana's assurances did little to allay the fears of local health care experts and providers. "There is no other part of the city that faces the same troubles as the South Side of Chicago," said former Acting Health Commissioner Richard Krieg, Ph.D., at the Oct. 29 hearing.

Sister Sheila Lyne, president of Chicago's Mercy Hospital and deputy commissioner of the city's health department, said she is worried that in the future Humana will reduce or terminate obstetric services. "I understand the situation, but I have concerns about the continuation of services," she said. "Mothers giving birth to cocaine babies is hardly profit-making."

Ralph W. Muller, president of University of Chicago Hospitals, said that while the Michael Reese sale is a "private venture, the provision of care to the poor is public matter." He acknowledged that Humana is a "well-run company," but said he fears "achieving financial success [at Michael Reese] will result in less care for the indigent. The hospital must care for the same number of indigent patients; the risk here is simply too great."

Although still unsure about the fate of uninsured patients on the South Side, Dr. Addington expressed his hope that Humana's sound management and reputation for health care excellence has "the potential to be a model of change we'd like to see in the Chicago health care system."

While they are concerned about the "profit aspects" of the Humana deal, hospital staff physicians are generally positive about the sale, said Medical Staff President Ernestine Hambrick, M.D., at the board of health's Oct. 25 hearing. "[We] have been through a period of chaos," she said. "The Humana buy has the potential to stabilize. We are, as a group, excited about [that] potential."

Quentin Young, M.D., a physician who has practiced at Michael Reese for 37 years, told *Illinois Medicine* that although many physicians are optimistic, some have reservations about Michael Reese becoming a Humana hospital. "A large number of doctors have considerable hope that Humana will restore the hospital to its former greatness. And the true optimists think it can exceed that, becoming a flagship hospital for Humana's other 80 or so hospitals," he said. "The pessimists fear that a for-profit institution, by definition, will flourish, or be allowed to function, only as long as it prospers. ... There's a good deal of skepticism and anxiety."

HMO deal still needs approval

The only step remaining before both parties can sign on the dotted line is approval of the HMO sale; the Illinois Department of Insurance must determine whether Humana is financially sound enough to run the HMO. Humana has yet to submit



Photos: Wm. Daniels/The Photo Partners

James D. Bohannon, a Humana executive vice president, said change is necessary for Michael Reese.

the necessary paperwork for department approval, but once the forms are completed, the administrative approval process is relatively uncomplicated, a department representative said.

In the meantime, Humana is busy making plans for the hospital, Noland said. There are no specific plans to tie Michael Reese to Humana's other Illinois hospital in Hoffman Estates, but Noland said the suburban hospital may begin a preferred provider program for Reese's HMO. Other plans to expand Michael Reese services are still in the works, he said. "We want to make the hospital extremely attractive for physicians, so they will encourage their paying patients to go there." ▲

Sean McMahan contributed to this report.

Physician Facts

Tobacco's toll in Illinois

- Smoking costs Illinoisans $2.8 billion in health care costs and lost productivity
- 1 in 6 deaths is attributable to smoking
- For every $2 pack of cigarettes, another $2 is spent in Illinois for health care and related costs resulting from smoke-induced illness
- 1 in 4 rural teen boys uses smokeless tobacco
- A total of 6,700 lung cancer deaths in 1990 have been attributed to smoking



Illustration: Ken Simpson

Source: 1988, 1989, 1990 data, the American Cancer Society, Illinois Division.

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

Iroquois County smoke-free campaign gets mixed response

by Sean McMahan

DOCTORS in Iroquois County are taking the initiative in attacking the nation's leading reversible cause of health problems. Its 24 physicians have launched a campaign to make the county smoke-free by the year 2000.

"Cigarette smoking is the No. 1 identifiable health problem and the one that is the easiest to prevent through disseminating information," said Victor A. Forys, M.D., secretary of the Iroquois County Medical Society (ICMS).

One of the goals of the "Ban 2000" campaign is a county-wide prohibition by the end of the decade on the sale of pre-rolled cigarettes, which Dr. Forys said are responsible for accelerating lung cancer rates since their introduction during World War I. "What we're trying to do is ban the sale, not possession, of the most dangerous aspect of tobacco," he said. "History shows that total prohibition is a bad device."

Public service announcements, newspaper advertising and drawing contests, including a competition to design a "smoke buster" logo, are part of the educational campaign, Dr. Forys said. Stop-smoking efforts in county schools will be coordinated with existing drug education programs, he added.

Most physicians do not discuss smoking cessation with their patients, he said. "The benefits are clear; the problem is great. It's time to act.

"I think doctors should really be active and I think we should start with the No. 1 health problem," Dr. Forys added. "It's going to benefit organized medicine by benefiting our patients."

Dr. Forys said his efforts were inspired by a visit last year by Eugene P. Johnson, M.D., Illinois State Medical Society immediate past president, who urged physicians to start "in our own back yards; don't look to someone far away to take care of your own problems."

Response to campaign mixed

The campaign received the unanimous support of ICMS members at a recent meeting, said R. Kent Swedlund, M.D., ICMS president. "Ban 2000" is "a step in the right direction," he said, and added that smokers may be persuaded to kick the habit after attending a program lecture.

Julie Johnson, health educator for the Iroquois County Health Department, said the program "sounds like a good idea. The doctors should present a good role model for the community." She added that physicans spreading the word on the dangers of smoking "certainly helps the rest of us in the fight."

County government officials have not taken any action in response to the campaign, Dr. Swedlund said, and added that some Watseka city officals have opposed the call for a ban on pre-rolled cigarettes.

"How can you regulate [cigarettes]?" said Tom Fay, Watseka city collector and a former Iroquois County Board member. Watseka officials will probably not take action to ban cigarette sales, he said. Even if a ban was passed, residents would buy cigarettes in neighboring Indiana, where they are less expensive, Fay added.

Dr. Forys refuted media reports that suggested the campaign was anti-smoker. "We're for smokers," he said. "We're anti-disease. We're anti-emphysema. We're anti-myocardial infarction. We're anti-lung cancer. We're anti-chronic bronchitis. ... But we're not anti-smoker." ▲



Lyn Leithliter

Larry Harbaugh, chairman of the Douglas County Medical Needs Committee, cuts the ribbon Nov. 5 at the opening of Carle Clinic Association's Tuscola facility. Carle Clinic-Tuscola will occupy approximately 3,500 square feet in Jarman Center, formerly Jarman Memorial Hospital. The 55-bed, county-owned facility closed June 1, and the building has since been sold to a group that plans to use it to attract health care providers to the area. ▲

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

MEDICARE NOTES

UPIN NOT CURRENTLY REQUIRED FOR REFERRING/ORDERING PHYSICIAN

The Health Care Financing Administration (HCFA) has decided not to require the unique physician identification number (UPIN) to be the number used as of November 1, 1990 for identifying the ordering or referring physician on Medicare claims. HCFA recently instructed carriers not to begin denying claims in November which do not contain the ordering or referring physician's UPIN. Previously, HCFA informed carriers that it anticipated an implementation date of November, 1990 for requiring the UPIN to identify the ordering or referring physician.

The date for requiring use of the UPIN is not established, but plans are proceeding to implement the UPIN requirement. Carriers will continue to honor requests for the release of UPINs for identified physicians.

"MEDIGAP" PLANS

Health plans offered by employers and labor organizations do not meet the Medicare definition of a supplemental ("Medigap") policy. As a result, such plans are excluded from the participating provider benefit for transferring information on approved Medicare claims directly to "Medigap" insurers.

Medicare law defines a "Medigap" policy as a health insurance policy or plan that is offered by a private company to Medicare entitled individuals and which provides reimbursement for Medicare covered charges not reimbursable because of deductibles, coinsurance amounts, or other Medicare imposed limitations. The law explicitly excludes a policy or plan offered by an employer to employees or former employees, as well as a policy or plan offered by a labor organization to members or former members.

At the start of 1989, an additional participation incentive created a simplified system for speeding payment of assigned Medicare supplemental ("Medigap") insurance benefits to participating physicians and suppliers. Under the process, carriers send Medicare benefit notices directly to "Medigap" insurers. "Medigap" insurers are required to accept this information as a valid claim and make payment directly to the participating physician or supplier.

The program works for participating physicians and suppliers only. Such providers need to ask a Medicare beneficiary if supplemental insurance is provided by an employer or labor organization. If "yes", the carrier cannot send the Medicare claim information to that insurer.

If the supplemental insurance is not provided by an employer or labor organization, certain "Medigap" information should be included with the participating physician's or supplier's Medicare claim. Such providers must include the following "Medigap" policy information in field 9 of the HCFA-1500 claim form for a Medicare benefit notice to be sent:

1. Name of "Medigap" insurer
2. "Medigap" policy number (prefixed by the word "Medigap")
3. "Medigap" insurer's complete mailing address

If the beneficiary also has insurance primary to Medicare or has Medicaid coverage, field 9 is used to report the primary insurance or Medicaid information rather than the "Medigap" information. The "Medigap" information must be included as an attachment in such instances. Participating physicians and suppliers report only one "Medigap" insurer and policy number per claim even though the beneficiary may own multiple "Medigap" policies.

Beneficiaries indicate that they have assigned their "Medigap" benefits to a participating physician or supplier by signing field 13 of the claim form. This authorization is in addition to their assignment of Medicare benefits, as indicated by their signature in field 12. The "signature on file" provision also may be used for field 13. A separate signature authorizing "Medigap" assignment must be retained on file.

Because "Medigap" assignment may be selectively authorized by the beneficiary, participating physicians and suppliers should not routinely stamp "signature on file" in field 13. Also, the "Medigap" assignment on file in the participating physician's or supplier's office must be insurer specific. It may state that the authorization applies to all occasions of service until it is revoked.

The "Medigap" information requirements do not supplant agreements that the carrier may enter with private insurers for the exchange of complimentary insurance information. Such agreements are known as "crossover" agreements. As a benefit to its Medicare eligible subscribers, a private insurer may reimburse Medicare for receiving claim information directly from the carrier. The Medicare claim information is transmitted whether or not the physician or supplier is Medicare participating.

(This report is a service to the physicians of Illinois)
11/23/90

Editorials

Giving thanks

It's that season: time to take time and say "thank you" to the people who make a very big difference on a day-to-day basis to *Illinois Medicine.*

• We give thanks for the persistence of our managing editor, who spent 18 months doggedly negotiating the labyrinth that is U.S. Postal Service regulations and finally got us a second class mailing permit. For purposes of budget, this is one instance in which we *want* to be a second class publication.

• We give thanks for the people who return our calls, be they health care leaders, government officials, society officers or political candidates. We are even thankful for those few political candidates who refused to talk to us during our election coverage; it means you took us seriously.

• We give thanks for the doctors who have written – and rewritten – guest editorials for us. This paper benefits tremendously from the addition of your voices, and you have shared them with us graciously and on deadline.

• We give thanks for families who have put up with our late hours and 7 a.m. Saturday proof deliveries and cranky moods when the color didn't come out right. You deserve better.

• We give thanks for our advertisers, a small and loyal group of supporters. May your numbers increase. Dramatically.

• We give thanks for the unsung heroes (and heroines) of the county medical societies: the people who run them. You have never failed to let us know when we were off the mark and more times than we can mention you've helped put us back on track.

• And we give thanks for the physicians of Illinois, all of them, in their diversity of opinion and tone and their uniformity of commitment, interest and dedication. We are thankful to have known the doctors of DuPage, Will and Grundy counties who work in free clinics. We appreciate also the efforts of the doctors we haven't met who provide care all over the state without reward, without compensation and without recognition.

• We give thanks too for the hundreds of doctors who donate their time to organized medicine by serving on the national delegation, the state councils and committees and whose volunteer efforts are the lifeblood of the county medical societies in Illinois.

• Finally, we give special thanks for our readers among the physicians of Illinois, especially the 20 percent of the membership who returned their reader surveys in August. We wish we heard from all of you more often. (Our New Year's resolution list includes a "Letters to the Editor" column, but that's a different holiday editorial.)

Whether you write or not, you are never far from our thoughts. Our efforts to improve and strengthen *Illinois Medicine* will continue every chance we get, as our way of once more saying THANK YOU. ▲

Illinois Medicine

VOLUME 2, NUMBER 24 **NOVEMBER 23, 1990**

***Illinois Medicine* is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

***Illinois Medicine* Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

***Illinois Medicine* Staff**
Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin D'Brien, Executive Editor

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



Guest Editorial

Medical practice checkup



by Charles K. Wells, M.D.

DOCTOR! Have you given your medical practice a checkup lately? Do you know what the general public is saying about doctors? Well, let's see what has happened to the practice of medicine because of apathy.

Even before 1950, your legislators in Congress were telling the public that people were not getting good medical care, or were unable to obtain medical care. The public, after hearing this for about 15 years, elected representatives to the Congress who finally passed the Medicare bill. Medicare was created to pay for most of the medical care for those over age 65 and those who were on Social Security.

The Congress was also talking about socialized medicine (governmental medical care for all) at that time. Then, Congress found out that the cost of medical care is very expensive and now is cutting your Medicare fees, which they have been regulating. To put the frosting on the cake, doctors now have to bill Medicare for each and every patient encounter, with the restriction that no fee above a government-determined amount can be charged the patient (another way of increasing your overhead and cutting down what you can net for services to Medicare patients).

I believe some of the legislation came about because:

1. Many doctors have not made themselves available by telephone to their patients because they have instructed their office help to do this, or because their office help does this without the knowledge of the doctor.
2. Do you know how long your patients may have to hold on the phone to make an appointment? Just ask some of your patients if they have been put on "hold." Up to 10 minutes is not uncommon. During that hold time, they have to listen to something – usually music they don't like.
3. Patients occasionally are asked to call in for some lab or other report, and they don't like to hear that everything is "OK." They want to know what their blood sugar or cholesterol is – not that it is normal or OK.
4. Some doctors talk very little to their patients about current affairs, or even the weather, or about members of the patient's family who might have accomplished something good that was reported in the newspaper. People want to know that you are interested in them and their family as friends, and not always as patients.
5. Some doctors do not discuss the treatment or the diagnosis as much as the patient would like. The patient asks, "What is my blood pressure today?" and the doctor says, "It's OK." They really want a numerical reading.

I would like to offer some suggestions on how doctors can improve their public image. First, doctors should volunteer more time to community projects, especially those that are health related, such as the Red Cross, the Cancer Society, the Heart Association or the Lung Association. Doctors should also financially support local volunteer fundraising organizations that are not members of the United Way.

Second, all of us doctors living and practicing in Illinois chose voluntarily to live and work in various communities. Every community can be improved. We take our living from these communities and we could improve our image if the public could see something we were doing to improve the communities, either as individuals or as a group.

Third, during the last several years, doctors have failed to dress according to a dress code, which doctors used to follow. The public expects doctors to look neatly dressed when on duty at their office or at the hospital.

Finally, doctors can improve their public image by remaining knowledgeable in their field of practice. They should ask themselves if the things they think, say or do are the TRUTH, are FAIR to all concerned, will build GOOD WILL and BETTER FRIENDSHIPS and will be BENEFICIAL to all concerned. ▲

Charles K. Wells, M.D., a member of the ISMS Board of Trustees from 1964 to 1972, is a retired family physician living in Mt. Vernon, Ill.

A series of historical features celebrating ISMS' 150th anniversary

Caring for the preemie: from side shows to specialized units

BEFORE THE AGE of mass communications, the public often learned about advances in health care in ways that strike us today as odd and even vulgar. In the case of specialized care for premature infants, publicizing newly developed incubation techniques led to one of the more bizarre chapters in medical history.

The nation's first specialized premature care facility was developed in Chicago in 1922 at Sarah Morris Hospital under the direction of Julius H. Hess, M.D., who came to be widely regarded as the leading pioneer in premature infant care. Dr. Hess wrote several books on feeding and caring for premature infants. He also developed an incubation system, the Hess bed, which provided premature infants with a constant flow of oxygen.

Dr. Hess' efforts were complemented by those of a New York physician, Martin Couney, M.D., whose more unorthodox methods would nevertheless meet with Dr. Hess' support.

Instead of working in a hospital, Dr. Couney literally took his work on the road. He demonstrated incubation techniques on actual premature infants – or "weaklings" as they were then called – at amusement parks and expositions throughout the nation (including Laguna Park and White City in Chicago). He was also a regular exhibitor at Coney Island in New York.

Dr. Couney profited handsomely from his exhibits, and made full use of his flair for theatrics. But Dr. Couney was no mere sideshow hawker. He had learned about incubation in France, where, based on observations of the incubators that were used to hatch chickens in a zoo, the first incubators for premature infants were developed in 1880 by E.S. Tarnier, M.D.

Dr. Couney maintained high and innovative standards for his exhibits. The incubators were kept heated, and babies who could not swallow were fed through tubes. Special measures were taken to prevent infection. Fresh air was pumped into the incubator by a sophisticated ventilation system, and a guardrail kept spectators from getting within five feet of the infants. He apparently did not have to go begging for subjects; New York obstetricians thought highly enough of Dr. Couney to frequently entrust him with the Coney Island exhibition of preemies they had delivered. Dr. Couney returned the infants to their families when the shows were completed.

Dr. Couney seems to have crossed paths several times with Dr. Hess of Sarah Morris Hospital, and there appears to have been a great deal of mutual respect and exchange of knowledge. (Dr. Hess even acknowledged his colleague's contributions in two of his own publications). When the two physicians met again during Chicago's Century of Progress Exposition in 1933-34, Dr. Hess loaned his chief nurse, Evelyn Lundeen, to Dr. Couney to help during the fair's run.

Displayed on the midway next to Sally Rand's show, Dr. Couney's preemies were one of the highlights of the exposition. (When Rand's titillating fan dances led to her arrest, she complained that babies wore fewer clothes than she did.) Upon leaving Chicago, Dr. Couney donated his equipment to Dr. Hess and gave his ambulance to the city of Chicago. It became the first premature infant transport vehicle in the United States.

Editor's note: In preparing this column, we are indebted to Tim C. Miller, M.D., who has written about Dr. Couney's exploits and his connection to Dr. Hess in Pediatrics *magazine and other journals. Miller is clinical associate professor of pediatrics and chief of the neonatology section at the University of Illinois College of Medicine in Peoria, and director of the neonatal intensive care unit, Children's Hospital of Illinois, at St. Francis Medical Center, also in Peoria. In 1942, St. Francis became the site of the first state-supported Premature Infant Care Station, and represented one of the first attempts in the nation to care for preemies outside of urban areas.* ▲



Michael Reese Hospital and Medical Center

Julius H. Hess, M.D.



Exchange completes annual review of losses

THE RECENTLY COMPLETED Illinois State Medical Inter-Insurance Exchange annual review of losses indicates few changes for the 1991-92 policy year. A review of losses in five specialties, however, revealed losses greater than those of other specialties in their classifications. Consequently, these specialties may see classification changes.

The Exchange annually reviews its own loss experience, as well as loss data from other national companies. This data is used to project future losses by specialty, classification and territory. Actuaries and a committee of physician policyholders review claim frequency (number) and severity (cost) data, and may make recommendations of classification and territory changes to the Illinois State Medical Insurance Services and Exchange boards.

The five specialties suffering losses larger than others in their classifications are infectious disease (Class 0), gastroenterology (Class 1), oncology (Class 1), neonatology (Class 3) and neurosurgery (Class 7). A review of the losses in each of these five specialties provides some clues to the rationale for possible classification changes.

Neurosurgery, already in the highest risk classification, has outdistanced overall losses as a whole and its own Class 7. The most common allegations in claims filed against neurosurgeons are surgical errors, improper care and treatment, and misdiagnosis, including misdiagnosis of cancer. Confirmed misadventures most often include improper performance of a procedure and misdiagnosis, with record-keeping problems complicating defense in 10 percent of the claims.

Neonatology has seen a slight increase in claims frequency, but severity of claims is the overriding issue for this specialty. Neonatology has one of the highest average indemnity payments for a specialty. Neonatologists, specialists dealing with high-risk infants, are targets of suits involving infants who suffer some permanent impairment.

The neonatologist is the target defendant in 50 percent of the claims filed against this specialty, indicating that claims in which the neonatologist is added to a suit involving other targeted physicians, such as obstetricians, are equally prevalent. The major allegations in the claims filed are improper care and treatment, and misdiagnosis. The most common confirmed misadventures are errors in diagnosis and delayed or improper performance of a procedure.

Gastroenterology has experienced an increase in both frequency and severity of claims. Gastroenterologists are the target defendant in 41 percent of the claims for this specialty, indicating they are also named in suits where they may be one of several consultants on a complicated case. The most common allegations in the claims filed are improper care and treatment; misdiagnosis, including misdiagnosis of cancer; and surgical errors. Diagnostic errors are the most common confirmed misadventure for this specialty.

Oncology's claim severity has increased yearly. The most common allegations in the claims filed include improper care and treatment, and misdiagnosis, including misdiagnosis of cancer. Diagnostic errors are the most common confirmed misadventure.

Infectious disease is another specialty that is increasing in frequency. Infectious disease consultants are commonly involved in complicated cases and may be named along with other physicians when a claim results. The most common allegations are improper care and treatment, and misdiagnosis of cancer. The most common confirmed allegation is error in diagnosis.

Risk reflected more accurately with experience

As new specialties evolve, it takes several years of loss experience to establish patterns and trends. Consequently, some of these specialties are now showing a trend toward a higher risk classification that may more accurately reflect the risk for the specialty.

A common source of claims in all of these specialties is misdiagnosis, including misdiagnosis of cancer. To protect against these claims, or to be in a better position to defend care when named in a misdiagnosis claim, it is important that the medical record accurately reflect the physician's diagnostic work-up, plan and treatment. In complicated cases, it is not uncommon for plaintiff's attorneys to name multiple physicians in a claim. The medical record documentation may prevent a physician from being named in the first place and, at minimum, will facilitate obtaining a dismissal or other favorable resolution.

Any changes for policy year 1991-92 will be announced well before the July 1, 1991, effective date. ▲

In active duodenal ulcers

Once-a-night hs therapy controls acid rain

℞

Zantac 300
#30
Sig: 1 tab h.s.

Zantac® 300
ranitidine HCl/Glaxo 300 mg tablets

Zantac® 150 Tablets
(ranitidine hydrochloride)

Zantac® 300 Tablets
(ranitidine hydrochloride)

Zantac® Syrup
(ranitidine hydrochloride)

BRIEF SUMMARY

The following is a brief summary only. Before prescribing, see complete prescribing information in Zantac® product labeling.

INDICATIONS AND USAGE: Zantac® is indicated in:
1. Short-term treatment of **active duodenal ulcer.** Most patients heal within four weeks.
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers.
3. The treatment of **pathological hypersecretory conditions** (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of **active, benign gastric ulcer.** Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated.
5. Treatment of **gastroesophageal reflux disease (GERD).** Symptomatic relief commonly occurs within one or two weeks after starting therapy. Therapy for longer than six weeks has not been studied.

In active duodenal ulcer; active, benign gastric ulcer; hypersecretory states; and GERD, concomitant antacids should be given as needed for relief of pain.

CONTRAINDICATIONS: Zantac® is contraindicated for patients known to have hypersensitivity to the drug.

PRECAUTIONS:

General: 1. Symptomatic response to Zantac® therapy does not preclude the presence of gastric malignancy.
2. Since Zantac is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see DOSAGE AND ADMINISTRATION). Caution should be observed in patients with hepatic dysfunction since Zantac is metabolized in the liver.

Laboratory Tests: False-positive tests for urine protein with Multistix® may occur during Zantac therapy, and therefore testing with sulfosalicylic acid is recommended.

Drug Interactions: Although Zantac has been reported to bind weakly to cytochrome P-450 *in vitro,* recommended doses of the drug do not inhibit the action of the cytochrome P-450-linked oxygenase enzymes in the liver. However, there have been isolated reports of drug interactions that suggest that Zantac may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

Carcinogenesis, Mutagenesis, Impairment of Fertility: There was no indication of tumorigenic or carcinogenic effects in lifespan studies in mice and rats at doses up to 2,000 mg/kg/d.

Ranitidine was not mutagenic in standard bacterial tests (*Salmonella, Escherichia coli*) for mutagenicity at concentrations up to the maximum recommended for these assays.

In a dominant lethal assay, a single oral dose of 1,000 mg/kg to male rats was without effect on the outcome of two matings per week for the next nine weeks.

Pregnancy: ***Teratogenic Effects: Pregnancy Category B:*** Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Zantac. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: Zantac is secreted in human milk. Caution should be exercised when Zantac is administered to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

Use in Elderly Patients: Ulcer healing rates in elderly patients (65 to 82 years of age) were no different from those in younger age groups. The incidence rates for adverse events and laboratory abnormalities were also not different from those seen in other age groups.

ADVERSE REACTIONS: The following have been reported as events in clinical trials or in the routine management of patients treated with Zantac®. The relationship to Zantac therapy has been unclear in many cases. Headache, sometimes severe, seems to be related to Zantac administration.

Central Nervous System: Rarely, malaise, dizziness, somnolence, insomnia, and vertigo. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients. Rare cases of reversible blurred vision suggestive of a change in accommodation have been reported.

Cardiovascular: As with other H_2-blockers, rare reports of arrhythmias such as tachycardia, bradycardia, atrioventricular block, and premature ventricular beats.

GastroIntestinal: Constipation, diarrhea, nausea/vomiting, abdominal discomfort/pain, and rare reports of pancreatitis.

Hepatic: In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid intravenously for seven days, and in 4 of 24 subjects receiving 50 mg qid intravenously for five days. There have been occasional reports of hepatitis, hepatocellular or hepatocanalicular or mixed, with or without jaundice. In such circumstances, ranitidine should be immediately discontinued. These events are usually reversible, but in exceedingly rare circumstances death has occurred.

Zantac® 150 and 300 (ranitidine hydrochloride) Tablets
Zantac® (ranitidine hydrochloride) Syrup

Musculoskeletal: Rare reports of arthralgias.

Hematologic: Blood count changes (leukopenia, granulocytopenia, thrombocytopenia) have occurred in a few patients. These were usually reversible. Rare cases of agranulocytosis, pancytopenia, sometimes with marrow hypoplasia, and aplastic anemia have been reported.

Endocrine: Controlled studies in animals and man have shown no stimulation of any pituitary hormone by Zantac and no antiandrogenic activity, and cimetidine-induced gynecomastia and impotence in hypersecretory patients have resolved when Zantac has been substituted. However, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving Zantac, but the incidence did not differ from that in the general population.

Integumentary: Rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia.

Other: Rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia), anaphylaxis, angioneurotic edema, and small increases in serum creatinine.

OVERDOSAGE: Information concerning possible overdosage and its treatment appears in the full prescribing information.

DOSAGE AND ADMINISTRATION: (See complete prescribing information in Zantac® product labeling).

Active Duodenal Ulcer: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice daily. An alternate dosage of 300 mg or 20 ml (4 teaspoonfuls equivalent to 300 mg of ranitidine) once daily at bedtime can be used for patients in whom dosing convenience is important. The advantages of one treatment regimen compared to the other in a particular patient population have yet to be demonstrated.

Maintenance Therapy: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) at bedtime.

Pathological Hypersecretory Conditions (such as Zollinger-Ellison syndrome): The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day. In some patients it may be necessary to administer Zantac® 150-mg doses more frequently. Doses should be adjusted to individual patient needs, and should continue as long as clinically indicated. Doses up to 6 g/d have been employed in patients with severe disease.

Benign Gastric Ulcer: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day.

GERD: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day.

Dosage Adjustment for Patients with Impaired Renal Function: On the basis of experience with a group of subjects with severely impaired renal function treated with Zantac, the recommended dosage in patients with a creatinine clearance less than 50 ml/min is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) every 24 hours. Should the patient's condition require, the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis.

HOW SUPPLIED: Zantac® 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-40) tablets and unit dose packs of 100 (NDC 0173-0393-47) tablets.

Zantac® 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 (NDC 0173-0344-42) and 100 (NDC 0173-0344-09) tablets and unit dose packs of 100 (NDC 0173-0344-47) tablets.

Store between 15° and 30° C (59° and 86° F) in a dry place. Protect from light. Replace cap securely after each opening.

Zantac® Syrup, a clear, peppermint-flavored liquid, contains 16.8 mg of ranitidine hydrochloride equivalent to 15 mg of ranitidine per 1 ml in bottles of 16 fluid ounces (one pint) (NDC 0173-0383-54).

Store between 4° and 25° C (39° and 77° F). Dispense in tight, light-resistant containers as defined in the USP/NF.

July 1990

Glaxo Pharmaceuticals
DIVISION OF GLAXO INC.
Research Triangle Park, NC 27709

© Copyright 1987, Glaxo Inc. All rights reserved.

ZAN325R Printed in USA November 1990

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

***Caporale**
Frank S. Caporale, M.D., of Elmwood Park, died September 19, 1990 at the age of 75. Dr. Caporale was a 1943 graduate of the University of Illinois College of Medicine, Chicago.

***Clarke**
William R. Clarke, M.D., of Chicago, died September 14, 1990 at the age of 68. Dr. Clarke was a 1951 graduate of Meharry Medical College School of Medicine, Nashville, TN.

***Ho**
Yue T. Ho, M.D., of Champaign, died August 1, 1990 at the age of 60. Dr. Ho was a 1954 graduate of Sun Yat Sen Medical College of Lingnan University, Canton, Kwangtung, China.

****Hoeltgen**
Maurice M. Hoeltgen, M.D., of Elmhurst, died August 26, 1990 at the age of 82. Dr. Hoeltgen was a 1932 graduate of Loyola University Stritch School of Medicine, Chicago.

***Ichniowski**
Richard Ichniowski, M.D., of Palos Heights, died September 4, 1990 at the age of 52. Dr. Ichniowski was a 1962 graduate of Loyola University Stritch School of Medicine, Chicago.

****Jacobson**
Max M. Jacobson, M.D., of Chicago, died September 23, 1990 at the age of 88. Dr. Jacobson was a 1927 graduate of Northwestern University Medical School, Chicago.

***Johnson**
George R. Johnson, M.D., of Lemont, died September 8, 1990 at the age of 65. Dr. Johnson was a 1952 graduate of the University of Illinois College of Medicine, Chicago.

***Johnson**
James H. Johnson, M.D., of Kenilworth, died August 1, 1990 at the age of 68. Dr. Johnson was a 1945 graduate of the State University of New York at Buffalo School of Medicine.

****Koivun**
O. Wilhart Koivun, M.D., of Moline, died September 17, 1990 at the age of 83. Dr. Koivun was a 1938 graduate of Rush Medical College, Chicago.

****Kunde**
Emerson C. Kunde, M.D., of Marengo, died September 12, 1990 at the age of 80. Dr. Kunde was a 1936 graduate of the University of Illinois College of Medicine, Chicago.

***Leonard**
Eugene T. Leonard, M.D., of Rockford, died August 22, 1990 at the age of 71. Dr. Leonard was a 1944 graduate of Northwestern University Medical School, Chicago.

****Mann**
Charles Mann, M.D., of Hot Springs, AR (formerly of Chicago), died September 15, 1990 at the age of 86. Dr. Mann was a 1932 graduate of Northwestern University Medical School, Chicago.

***Mezyk**
Joseph Mezyk, M.D., of Park Ridge, died August 27, 1990 at the age of 73. Dr. Mezyk was a 1948 graduate of Rijksuniversiteit te Gent, Faculte der Geneeskunde, Gent, Belgium.

***Morrison**
Anthony Morrison, M.D., of Collinsville, died August 26, 1990 at the age of 60. Dr. Morrison was a 1956 graduate of the Faculty of Medicine of the National University of Ireland, Galway.

***Pfau**
John Pfau, M.D., of Anna, died August 23, 1990 at the age of 60. Dr. Pfau was a 1955 graduate of the University of Illinois College of Medicine, Chicago.

****Stanton**
Sharon H. Stanton, M.D., of Downers Grove, died July 16, 1990 at the age of 83. Dr. Stanton was a 1936 graduate of Loyola University Stritch School of Medicine, Chicago.

****Sullivan**
Andrew J. Sullivan, M.D., of Chicago, died April 25, 1990 at the age of 93. Dr. Sullivan was a 1923 graduate of Rush Medical College, Chicago.

***Ullrich**
Fredric W. Ullrich, M.D., of Rockford, died May 22, 1990 at the age of 74. Dr. Ullrich was a 1945 graduate of Loyola University Stritch School of Medicine, Chicago.

****Whitaker**
Walter Whitaker, M.D., of Quincy, died August 31, 1990 at the age of 87. Dr. Whitaker was a 1927 graduate of Washington University School of Medicine, St. Louis, MO.

***Williams**
Lowell K. Williams, M.D., of Quincy, died July 1, 1990 at the age of 69. Dr. Williams was a 1944 graduate of the University of Illinois College of Medicine, Chicago.

****Wolfarth**
Alfred Wolfarth, M.D., of LaHarbra, CA (formerly of Mt. Prospect), died September 16, 1990 at the age of 90. Dr. Wolfarth was a 1927 graduate of Loyola University Stritch School of Medicine, Chicago.

***Yatvin**
Harold Yatvin, M.D., of Homewood, died April 9, 1990 at the age of 54. Dr. Yatvin was a 1962 graduate of New York Medical College, Valhalla, NY.

***Zaluga**
Henry J. Zaluga, M.D., of Sun City West, AZ (formerly of Chicago), died May 14, 1990 at the age of 75. Dr. Zaluga was a 1943 graduate of Loyola University Stritch School of Medicine, Chicago.

****Zeldes**
Mary Zeldes, M.D., of Milwaukee, WI (formerly of Decatur), died August 31, 1990 at the age of 79. Dr. Zeldes was a 1937 graduate of the University of Illinois College of Medicine, Chicago.

***Zercher**
Mario Zercher, M.D., of Lincolnwood, died April 28, 1990 at the age of 74. Dr. Zercher was a 1945 graduate of Universitaet Wien, Medizinische Fakultaet, Vienna, Austria.

***Ziev**
Daniel E. Ziev, M.D., of Park Forest, died July 8, 1990 at the age of 75. Dr. Ziev was a 1949 graduate of Northwestern University Medical School, Chicago. ▲



Brief Summary.
Consult the package literature for prescribing information.
Indication: Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae, Haemophilus influenzae,* and *Streptococcus pyogenes* (group A β-hemolytic streptococci).
Contraindication: Known allergy to cephalosporins.
Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
• Discontinue Ceclor in the event of allergic reactions to it.
• Prolonged use may result in overgrowth of nonsusceptible organisms.
• Positive direct Coombs' tests have been reported during treatment with cephalosporins.
• Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
• Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
• Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)
Therapy-related adverse reactions are uncommon. Those reported include:
• Hypersensitivity reactions have been reported in about 1.5% of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of **serum-sickness-like** reactions have been reported with the use of Ceclor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, **serum-sickness-like** reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy; occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.
• Stevens-Johnson syndrome, toxic epidermal necrolysis, and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.
• Gastrointestinal (mostly diarrhea): 2.5%
• Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
• As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
• Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
• Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1% and, rarely, thrombocytopenia and reversible interstitial nephritis.
Abnormalities in laboratory results of uncertain etiology
• Slight elevations in hepatic enzymes.
• Transient lymphocytosis, leukopenia, and, rarely, hemolytic anemia and reversible neutropenia.
• Rare reports of increased prothrombin time with or without clinical bleeding in patients receiving Ceclor and Coumadin concomitantly.
• Abnormal urinalysis; elevations in BUN or serum creatinine.
• Positive direct Coombs' test.
• False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).
PA 8791 AMP [021490LRI]

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.

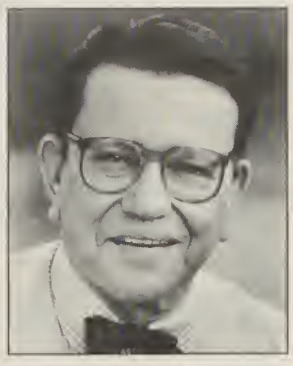
Lilly
Eli Lilly Industries, Inc
Carolina, Puerto Rico 00630
A Subsidiary of Eli Lilly and Company
Indianapolis, Indiana 46285

CR-0525-B-049333 © 1990, ELI LILLY AND COMPANY

D=Democrat; R=Republican; HWP=Harold Washington Party; I=Incumbent

United States Congressional races

U.S. Senate



✔ Paul Simon – D (I)
Lynn Martin – R

11th District



✔ Frank Annunzio – D (I)
Walter W. Dudycz – R

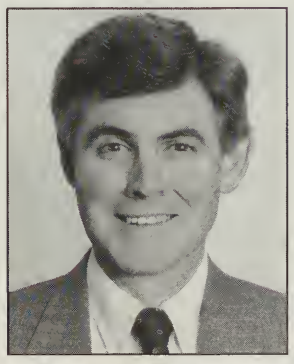
U.S. Congress

4th District



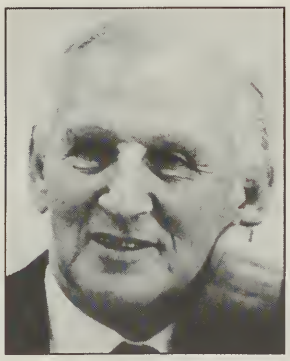
✔ George E. Sangmeister – D (I)
Manny Hoffman – R

16th District



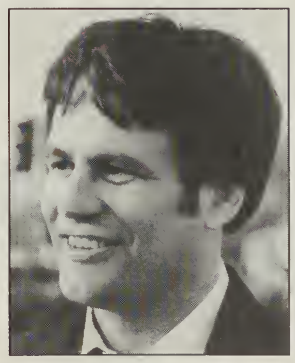
✔ John W. Cox Jr. – D
John W. Hallock Jr. – R

9th District



✔ Sidney R. Yates – D (I)
Herbert Sohn, M.D. – R

17th District



✔ Lane A. Evans – D (I)
Dan Lee – R

Illinois Supreme Court judges

1st District



✔ Charles E. Freeman – D
Robert C. Buckley – R

1st District

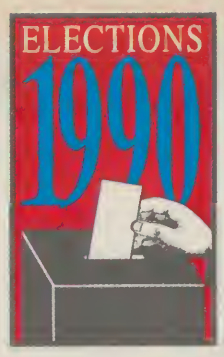


✔ Michael A. Bilandic – D
Robert V. Boharic – R

3rd District



✔ James D. Heiple – R
Tobias Barry – D



Election *(continued from page 1)*

32 percent.

Phelan said after his election that one of his first official acts would be to reinstate elective abortions at Cook County Hospital, which outgoing board President George Dunne banned in 1980. Phelan's comment brought immediate criticism from Cardinal Joseph Bernardin, Archbishop of Chicago.

Another bright spot for Republicans was the Illinois Supreme Court contest in the 3rd Judicial District where Appellate Justice James D. Heiple won election over Democrat Justice Tobias Barry by 3,229 votes. Heiple's election means the 4-3 Democrat court majority does not change.

Cook County Democrats, however, prevailed in the two 1st Judicial District races. Appellate Justice Charles E. Freeman beat Robert C. Buckley, thus becoming the first African-American to sit on the Illinois Supreme Court. Former Chicago Mayor Michael A. Bilandic easily won a seat on the court over Republican Robert V. Boharic.

Republican losses in General Assembly

Despite Edgar's victory, Republicans took a big hit in the General Assembly. Their hopes that the Democrat's Senate 31-28 majority could be cut by one vote rested on the candidacy of Republican challenger Nancy Beasley in the 38th Senate District. Incumbent Patrick Welch won handily, however, capturing 57 percent of the vote.

In the Illinois House, Democrats picked up at least five and possibly six seats, ensuring Speaker Michael Madigan at least a 72-46 veto-proof majority. It takes a three-fifths vote in the House, or 71 votes, to override a gubernatorial veto.

"Downstate was not real good for any Republican, particularly south of I-70 [which] was a wipeout," Edgar said of the Republican House losses. "Now, in other parts of downstate I ran very strong. Those areas that are traditionally Democrat-leaning went very Democratic; those areas that are traditionally Republican-leaning went Republican, and in my case pretty good. ... So, I don't think what happened downstate in my race [as opposed to the legislative races] reflected any quirks about our campaign, as much as just the mood people had of the two parties."

Among the eight open House races profiled by *Illinois Medicine* in its campaign coverage, Democrats won six. Included in this tally is the 67th House District seat, previously held by a Republican, where John A. Terranova lost to Michael V. Rotello by 3,317 votes.

Among the seven profiled incumbent races, Democrats picked up two more seats previously held by Republicans. In one of the most hard-fought campaigns, Geoffrey Obrzut, mounting his third challenge to incumbent Linda Williamson in the 52nd House District, prevailed by 2,268 votes. The 110th House District also changed parties when Democrat Jay C. Hoffman won a close 1,864-vote plurality over incumbent Ron Stephens.

Two other House Republican incumbents also lost. Anne Zickus lost to Democrat challenger David B. McAffee in the 47th District, while Charles Wayne Goforth was defeated by Terry W. Deering in the 115th District. The 80th District race between Republican incumbent Robert P. Regan and Democrat challenger John A. Ostenburg was too close to call.

Simon beats Martin decisively

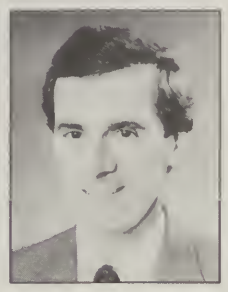
Incumbent Democrat Paul Simon decisively beat Republican challenger Lynn Martin in the U.S. Senate race, garnering 65 percent of the vote. In addition, all five of the congressional races profiled by *Illinois Medicine* went to Democrats. Of special note was the race in the 16th Congressional District, the seat Martin vacated to challenge Simon, in which Democrat John W. Cox Jr. beat Republican John W. Hallock Jr. by 12,458 votes. In the 9th Congressional District, Republican Herbert Sohn, M.D., lost in his fourth bid to unseat veteran Rep. Sidney R. Yates. ▲

Tamara Strom contributed to this report.

Selected Illinois Statehouse contests

Illinois Senate

38th District



✔ Patrick Welch – D (I)
Nancy Beasley – R

Illinois House of Representatives

4th District



✔ Jan Schakowsky – D
Joan Barr – R

56th District



✔ Jeffrey M. Schoenberg – D
Eunice M. Conn – R

83rd District



✔ John C. "Jack" McGuire – D
Charles P. Connor – R

40th District



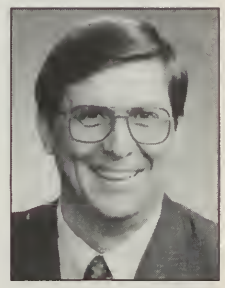
✔ Dan Cronin – R
Truman Kirkpatrick– D

58th District



✔ Grace Mary Stern – D (I)
Deloris S. Axelrod – R

96th District



✔ Art Tenhouse – R (I)
Verne Hagstrom – D

48th District



✔ James W. Phelan – D
Wayne Straza – R

67th District



✔ Michael V. Rotello – D
John A. Terranova– R

98th District



✔ Gary Hannig – D (I)
Kay Long – R

52nd District



✔ Geoffrey S. Obrzut – D
Linda Williamson – R (I)

75th District



✔ Tom P. Walsh – D
Martin J. Rue – R

102nd District



✔ Duane Noland – R (I)
Don Dipper – D

55th District



✔ Penny Pullen – R (I)
Robert R. Mucci – D

76th District



✔ J. Bradley Burzynski – R
Robert L. Tisch – D

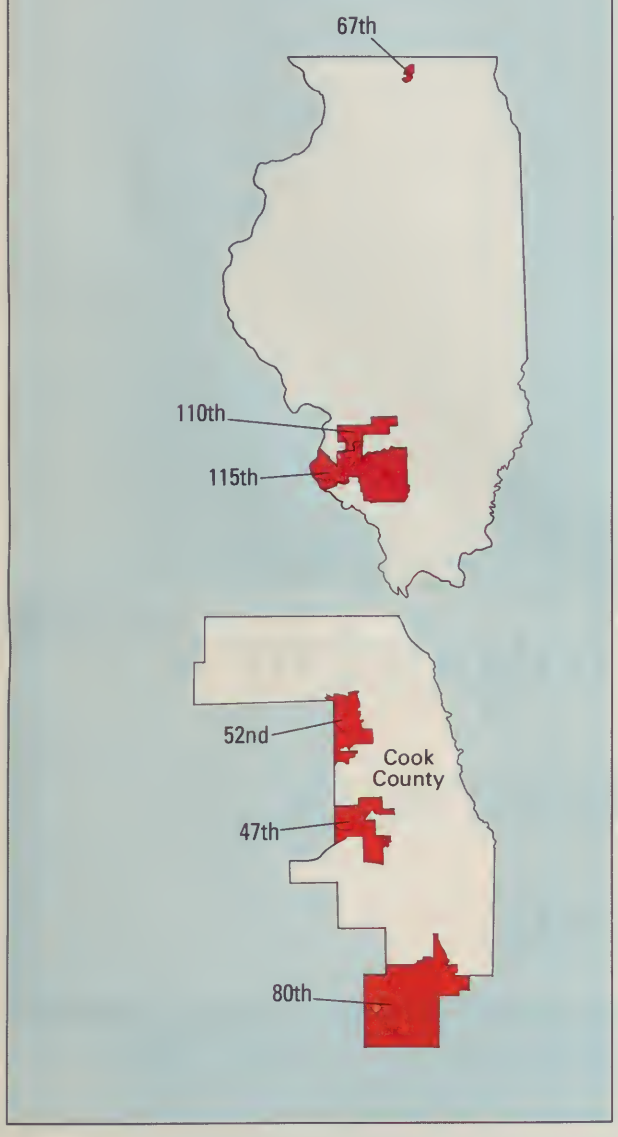
110th District



✔ Jay C. Hoffman – D
Ron Stephens – R (I)

Changes in the Illinois House

Republicans lost seats in House districts 47, 52, 67, 110 and 115. The race in the 80th House District was too close to call at press time.



Cook County Board President



✔ Richard J. Phelan – D
Aldo A. DeAngelis – R
Barbara J. Norman – HWP



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Alzheimer's programs provide glimmer of hope

by David Cohen

THE ULTIMATE CAUSE of Alzheimer's disease, an impairment that disables about 110,000 Illinoisans, may still evade the reach of medical science. But with the help of state-funded programs, the medical establishment and volunteer groups across Illinois have developed a network of patient treatment and family support services that may be the most extensive in the United States.

Two major regional medical centers, community hospitals, local chapters of the Alzheimer's Disease and Related Disorders Association and smaller family support groups have emerged across the state to help Alzheimer's patients and their caregivers.

"I think Illinois is ahead of every other state in the country," says Jacob Fox, M.D., director of the Rush Alzheimer's Disease Center and chairman of neurology at Rush Medical College. "All other states are using the Illinois model."

The keystone of the program was state legislation passed in 1985 creating two regional Alzheimer's disease assistance centers at Rush-Presbyterian-St. Luke's Medical Center in Chicago and the Southern Illinois University (SIU) School of Medicine in Springfield. The two facilities, which opened in early 1987, are centralizing research and treatment in Illinois and sharing results with smaller hospitals across the state. The centers each received more than $910,000 for fiscal 1991 from the General Assembly.

"The Illinois Department of Public Health [IDPH] wants Alzheimer's patients in Illinois to have access to diagnosis and treatment no more than an hour from their home," says Joe O'Shea, an IDPH program coordinator. "And that's a lot to ask for downstate Illinois.

"No other state in the country has enacted a program like this," O'Shea continues. "California has seven Alzheimer's hospitals, but they don't network with other hospitals and [they] operate just on a regional basis. We're pioneering this."

Rush-Presbyterian is responsible for Cook and eight other counties in northern Illinois, while SIU works with hospitals in the rest of the state. Both centers develop uniform standards for diagnosing and treating the affliction, conduct research and provide educational programs for the medical community and the public while supporting family networks.



One of the centers' most important goals is to link up with designated community hospitals – "primary provider centers" – elsewhere in Illinois to keep them apprised of current care methods for both the patients and their families. The primary providers in turn screen suitable patients for treatment at the Springfield and Chicago centers, which see only the more complex cases and those suitable for research. Once evaluated at the centers, patients return to their hometowns to manage with whatever resources are available there.

"We try to educate and monitor the community providers," Dr. Fox says.

Thirty-three primary providers across the state have met IDPH certification standards. Because treatment for Alzheimer's disease is virtually non-existent, community hospitals in the network offer care-giving instructions to patients' families and put them in touch with local support groups. They also check with the family every few months to track the condition of the patients.

Family support programs may be more critical, planners say, than treating patients. About 70 percent of care given to Alzheimer's patients is provided by families, according to the Alzheimer's Association. This practice works to the advantage of the patients, who need the comfort of familiar surroundings. And these families need help, says Ruth Ross, executive director of the Chicago-area chapter of the Alzheimer's Association in Evanston, one of eight regional chapters in Illinois. "We've organized 31 support groups in the Chicago area chapter, and it's become a lifeline for many of these people," she says.

"Friends, children and spouses need a safe and secure environment for discussing the care and handling of dementia patients. It's really hard to understand if you haven't lived through it."

Chapters grow rapidly in the '90s

The Chicago-area chapter was founded in April 1980 and began with a single group. As needs increased, more groups were formed, and they range in size today from 10 to 30 people, meeting monthly during the evening at private homes, churches and hospitals. Area-wide membership in the local chapter has reached 2,000, and as the disease spreads, Ross expects the figure to climb.

"These groups become a little family within themselves," she adds. "They operate autonomously, though at times they meet with other groups or organize a joint meeting with a speaker. That's what the chapters across the state are supposed to do – supply the family groups with information on research and education and provide them with an occasional speaker. Our chapter has also organized a 'respite training' program to certify caregivers who travel to the patient's home from time to time to spell the family.

"It's hard to leave an Alzheimer's patient with someone not familiar with the dementia."

Mary Barringer of Springfield has firsthand experience with the value of the family support groups and the progress they made in the 1980s. Her husband, a physician, was diagnosed with Alzheimer's in 1973 and succumbed to the disease 10 years later. Not until 1982, a year before her husband died, did the Spring-

(continued on page 12)

Central Illinois Alzheimer's study gets one-year extension

by Sean McMahan

A THREE-YEAR project in Central Illinois to study the effectiveness of in-home care for Alzheimer's patients has received federal funding for an additional year, Carle Clinic Association officials announced Nov. 2 in Urbana.

Central Illinois is one of eight sites nationwide participating in the Medicare Alzheimer's Disease Demonstration Project, a program of the Health Care Financing Administration (HCFA). Carle Clinic is coordinating the study in 19 central Illinois counties, and has received at least $5.5 million from HCFA.

"Experience with the first year of the project has shown that the original plan for a one-year evaluation did not allow adequate time to provide definitive results," said John W. Pollard, M.D., chief executive officer of Carle Clinic Association. "The additional time will give referrers and providers the opportunity to be involved during a 'steady rate' of the operation, not just during a start-up period."

The Medicare Alzheimer's Demonstration Project is intended to show the importance of home- and community-based care, rather than institutionalization, for Alzheimer's patients, said Stephen McConnell, vice president of public policy for the Alzheimer's Association. The program permits officials to collect information while providing services to Alzheimer's patients in the study.

Half the participants in the study are part of a treatment group. They are assigned a case manager and receive a $299 monthly stipend for items such as housekeeping services, skilled nursing, adult day care, medical supplies and other services not normally funded by Medicare. The other half, the control group, is given a list of local health and social services. Control group members do not receive financial support nor are they assigned a case manager. Services will be offered to the control group through the spring of 1993. Research data are collected by case managers and an outside research team that interviews participants every six months during the study.

Cindy Fraser, Carle project manager, said more than 450 clients are participating in the study, which has an enrollment goal of 600. When enrollment began in December 1989, the study covered 12 counties and had an enrollment goal of 400. The most popular services requested among treatment group clients are housekeeping, medical supplies, consumable care goods, adult day care and diapers, she said.

Patients diagnosed with Alzheimer's disease or a related disorder who need additional services or financial support because of the disease are eligible for the study. They must live in the 19-county study area and be enrolled in Medicare part A and B. ▲

(continued from page 11)

field chapter form. "Until then there wasn't a single support group in the area," Barringer said. "When we got the diagnosis, there wasn't even anything for me to read! Now a family has many more resources to work with."

Barringer is also a research instructor at the Alzheimer's center at the SIU School of Medicine and has acquired a statewide reputation in the field of public education and Alzheimer's disease. Her concern now is that despite all the efforts of the legislature and the state's medical establishment, a serious "void" in treatment persists in the south and southeastern regions of Illinois.

"St. Louis has a big and active chapter of the Alzheimer's Association, and that's where [patients] often have to go for help," she notes.

The Rush-Presbyterian efforts include the only day-care center in the state intended exclusively for Alzheimer's patients. There is a second facility in Winnetka, but it handles only six to seven patients a day; the Rush Alzheimer's Family Care Center on North Milwaukee Avenue cares for up to 30.

"Most day care centers accept patients with dementia in an early stage, when people can still function at those centers," notes Jane Stansell, program director of the Rush-Presbyterian facility. "But in the middle stages of the disease these patients can be disruptive in a group. Our clients can't function there because their attention span is too short."

Stansell says that with an attention span lasting only a matter of seconds, Alzheimer's patients cannot bear distractions and need very particular care. She notes that the staff ratio at a day-care center is 1-7, but at the Rush-Presbyterian facility it is 1-4. Several patients are unable to use kitchen utensils; they are given only food that is eaten by hand.

"The critical task," Stansell says, "is to look at the patients and determine how to extend their optimum functions. You need to engage the patient to prevent their faculties from becoming utterly dormant." Accordingly, her staff moves the patients around physically, preserves verbal skills with singing sessions and discussion groups and at times takes the more mobile to the ballpark with tickets donated by the Chicago Cubs.

"They may not remember the game, but it's a normalizing activity," she notes.

Searching for solutions

Research efforts to develop a reliable test or cure have also improved in Illinois and across the country. Three years ago the Illinois General Assembly launched a check-off plan on state tax returns to support research, and the fund has generated more than $700,000 in five years. In addition, at least 18 U.S. biotech firms in three years have participated in a profit-driven race to uncover drugs to treat the affliction. Researchers at Illinois' two Alzheimer's centers are working with various drugs offering potential "symptomatic" relief. The ultimate goals are to improve the impaired transmission of signals between neurons and forestall the loss of brain cells, both of which seem to be central in Alzheimer's disease.

"Friends, children and spouses need a safe and secure environment for discussing the care and handling of dementia patients. It's really hard to understand if you haven't lived through it."

"We're working with five different research drugs right now," notes Dr. Fox. "The difference is that five years ago there was nothing to try. I think that drugs will be found in the next couple of years that will improve patients but won't be able to actually cure them. We may be able to improve the memory of some patients."

Researchers have also been excited by a major breakthrough in the treatment of Parkinson's disease that may have implications for Alzheimer's patients.

"Parkinson's and Alzheimer's are related," says Rodger Elble, M.D., medical director of the SIU Alzheimer's center, "because they're both degenerative neurological disorders. We see a potential application of the discovery in Alzheimer's."

In the meantime, medical science isn't utterly helpless, despite the absence of any known cure or even national standard diagnostic tests. Caregivers are as much pleased by an attitudinal breakthrough they feel they have attained as they are by gains in treatment – the affliction is now understood as a disease and not a kind of senility that invariably strikes the elderly. "A physician can still make a diagnosis and tell both the patients and their families what to expect," says Dr. Elble, "and that's treatment in a sense." ▲

Editor's note: November is National Alzheimer's Awareness month.

The Simple Pleasures

Remember when every major medical plan was like this . . .

"No pre-approvals," the doctor said. The doctor just as easily could have declared that they were free to go to their favorite doctor *and* the trusty local hospital, with no questions asked. "We also enjoy fast, friendly claims service," added the office manager. "And the PBT's representatives always make me feel like they're on my side." It's not always this easy to find life's simple pleasures . . . great personal service . . . experienced staff used to meeting the needs of physicians and group practices . . . outstanding coverage options . . . and best of all—low group rates. However, it's what you would expect from your medical society's own program. After all, it's just what the doctors ordered!

NO PRE-APPROVALS

CHOOSE YOUR OWN DOCTOR & HOSPITAL

FAST FRIENDLY CLAIMS SERVICE

If you're looking for the simple pleasures of a worry-free Office Benefits Program for your practice, you'll love the PBT. Enjoy our Major Medical Plan and your choice of Dental, Life, Disability and Dependent Life coverages.

For information, call toll free: (800) 621-0748. Or call (312) 559-9130 or mail coupon.

Please send information about the Office Benefits Program.

Coverage Includes:
☑ Major Medical

Options:
☐ Dental
☐ Life
☐ Disability
☐ Dependent Life

Office Manager/Contact Person: _____
Practice Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Total Number of Physicians & Staff: _____

ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

FROM THE ILLINOIS
NEWS
DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

MAY 1990

The physician and surgeon license of Francis Joseph Vincent, Jacksonville, who also has an office in Springfield, was placed on indefinite probation and fined three thousand dollars ($3,000) and his controlled substances license was placed on probation after an investigation revealed that he may have dispensed controlled substances for six (6) patients in a nontherapeutic manner for a period of years; he may have failed to adequately monitor those patients; and he failed to keep controlled substances dispensing logs in accordance with legal requirements.

The physician and surgeon license of Wayne D. Kelly, Oak Park, was issued and placed on probation for two (2) months after he was issued a temporary license for postgraduate clinical training in internal medicine and did acts which could constitute the unlicensed practice of medicine.

The physician and surgeon license of Richard Geltman, New York, NY, was SUSPENDED for one (1) year after he was disciplined by the New York State Education Department, the University of the State of New York, Division of Professional Licensing Services.

The temporary medical license of Mark G. Luttrell, Memphis, TN, was issued and placed on probation for twenty-seven (27) months.

The physician and surgeon license of Hargurmukh P. Singh, Flushing, NY, was issued and placed on probation for five (5) months after he was employed as a physician assistant and did acts which could constitute the unlicensed practice of medicine.

The physician and surgeon license of Sanjiv R. Parikh, Chicago, was issued and placed on probation for two (2) months after he was issued a temporary license and did acts which could constitute the unlicensed practice of medicine. ▲

Medicaid *(continued from page 1)*

Carbondale says it lost more than a quarter of a million dollars.

To participate in Illinois' Medicaid program, all hospitals sign one of two types of provider agreements with the IDPA. Of the state's 214 hospitals, 144 are Medicaid providers in the Illinois Competitive Access and Reimbursement Equity (ICARE) program. ICARE participating hospitals negotiate a contract with IDPA stipulating the number of inpatient care days they will annually provide Medicaid recipients and what the reimbursement rate will be. The suits allege that ICARE contracts are "oppressive and wholly one-sided."

The other reimbursement system is a non-contract program in which hospitals, like Memorial Hospital of Carbondale and other rural hospitals, receive payments based on a formula of "efficient and economic" provision of care.

IDPA contends that on average, hospitals receive 87 cents for every dollar of care they provide. Robbins called that figure "absolutely wrong," saying a more realistic figure is 79 cents. IDPA spokesman Dean Schott said payments for hospitals having financial troubles go as high as 97 cents for every dollar of care delivered, but Robbins said he knows of some Illinois hospitals that are reimbursed for only about 55 percent of their costs. The difference between the amount of care hospitals provide to Medicaid patients throughout the state and the amount of money they get back in reimbursements is about $300 million, Robbins said.

Payment cycles too long

Hospitals often wait 45 to 50 days for reimbursements, when a 1975 agreement between IHA and IDPA stipulates a 30-day payment cycle, Robbins said. IDPA's Schott said the payment cycle hovers closer to between 38 and 41 days, and added that expedited payment schedules are arranged for hospitals in financial danger. "Usually these hospitals are paid within 14 days so they can meet their payroll and pay their suppliers on a timely basis," Schott said.

Payment schedules are occasionally extended because there are "not enough funds in the state's checkbook to pay the reimbursements," Schott said. For example, IDPA exceeded its budgeted 1990 Medicaid reimbursements toward the end of the fiscal year, forcing a supplemental appropriation from the legislature. "[Hospital payments] are only based on available funds," Schott said. "We can't be expected to pay bills if we don't have the money. One of the reasons we exhausted funds this year is an increase in the number of people who were eligible for medical assistance, namely the working poor."

In April, the state extended Medicaid coverage for all pregnant women whose incomes are 133 percent of the poverty level. In addition, under the state's Healthy Start program, children are now covered for medical care up to age 6. Previously, children eligible to participate in this program were only covered for one year. "It won't be apparent until February, March or April if the 1991 budget [appropriations are] enough," Schott said.

IHA seeks Medicaid overhaul

The lawsuits are only a "tactic" in IHA's overall strategy to replace the current system with a better one, Robbins said. During the legislative veto session now under way in Springfield, IHA lobbyists are attempting to override Gov. James R. Thompson's veto of a $44 million line item in the 1991 Medicaid appropriation intended to accelerate hospital reimbursements.

In addition, IHA is contacting legislators about introducing legislation that would establish a different Medicaid reimbursement system. The IHA proposal is modeled after Medicare and its diagnosis-related group (DRG) reimbursement system, which he said is conceptually more palatable.

"The Medicaid system offers inappropriate incentives," he said. "The incentive is to keep people in the hospital for [more] days, to recoup the costs of the first days of treatment, which are typically more expensive. We may have our quarrels with [Medicare's DRG system] ... but conceptually the program pays on a per-case basis, not a per-diem method. It encourages the hospital to get the patient well and out of the hospital as quickly as possible. It's more philosophically sound."

Medicaid funding a hard sell

Acknowledging important competing demands for limited state funds, such as education and roads, Robbins nevertheless said the state can afford a new Medicaid reimbursement system. He bemoaned what he called an inaccurate perception among legislators that Medicaid is a "Chicago problem," citing 11 southern Illinois counties that have a higher percentage of their population enrolled in Medicaid than Cook County.

"It [was] definitely a hard sell," he said of this year's $200 million Medicaid appropriation increase. "It's simply a matter of where the state chooses to spend its available dollars, and how the legislators are going to continue to view the Bears and the White Sox playing with state money." ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

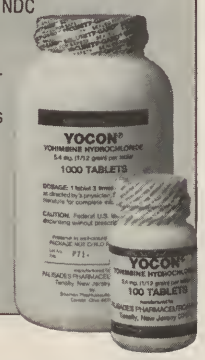
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

OBRA *(continued from page 1)*

charges for primary care services will be increased from 50 percent to 60 percent of the national average.

Payments will be reduced to radiologists by a maximum of 9.5 percent, to anesthesiologists by up to 15 percent, and to pathologists by 7 percent. Reimbursements for assistants at surgery will also be reduced from the current 20 percent to 16 percent. In addition, the payments for assistants will be eliminated entirely for procedures where assistants are used less than 5 percent of the time.

Cuts in 'overpriced' procedures

Correction of a "technical" error in the 1989 budget package will cut payments for 244 procedures Congress previously identified as "overvalued." The new rates will be reduced the lesser of one-third of the difference between the then-current rates and the expected resource-based relative value scale (RBRVS) rates, or 15 percent.

Effective Jan. 1, these "overpriced" procedures will be cut a further 50 percent of the "overpriced" amount, but no more than 15 percent of the previously reduced prevailing charge. In addition, a new class of "overpriced" procedures will be reduced by 6.5 percent. About 1,400 to 2,000 codes, or about 20 percent of all medical services, will be included.

One OBRA-90 provision affecting Medicaid reimbursements for FMGs caused Illinois State Medical Society (ISMS) President James H. Andersen, M.D., to sponsor a resolution asking the AMA to take legal action against its implementation. "This particularly onerous provision discriminates against foreign medical graduates in Medicaid reimbursements and should not be implemented," said Dr. Andersen.

The offending provision allows FMGs to be granted a Medicaid unique physician identification number (UPIN) only if they have passed the Foreign Medical Graduate Examination in the Medical Sciences [FMGEMS]; have previously received certification from, or have previously passed the examination of, the Educational Commission for Foreign Medical Graduates [ECFMG]; or have held a license continuously from one or more states since 1958.

Provision discriminates against FMGs

Dr. Andersen said the provision discriminates against foreign medical graduates because it imposes different standards for the granting of UPIN numbers, and consequently, Medicaid reimbursements. Not all 50 states require foreign medical graduates to pass these exams or be certified by the ECFMG, Dr. Andersen added, and it is not clear when those states that have adopted these requirements did so.

Because the deadline for submitting resolutions for interim meeting consideration was Nov. 2, Dr. Andersen submitted the resolution in his name. The ISMS Board of Trustees endorsed the resolution at its Nov. 17 meeting. Dr. Andersen also submitted a resolution urging the AMA to press its effort to have Richard Kusserow dismissed as inspector general of the U.S. Department of Health and Human Services. ▲

The FMG anti-discrimination resolution states:

"WHEREAS, the recently enacted Federal Omnibus Budget Reconciliation Act of 1990 contains a provision [Section 4752(d)] that requires Foreign Medical Graduates, in order to obtain a Medicaid UPIN number, to have held a license in one or more states continuously since 1958 or pass the FMGEMS Examination or be certified by ECFMG; and

Whereas, passing the FMGEMS examination and/or the ECFMG examination or certification is not a requirement for licensure in all fifty states and Puerto Rico; and

Whereas, it is unclear at what point in time those states which do require these examinations for licensure may have adopted these requirements; and

Whereas, this requirement will result in some as yet undetermined number of Foreign Medical Graduates holding valid state licenses being unable to obtain a UPIN number which will be necessary to bill Medicaid; and

Whereas, requiring different standards for Foreign Medical Graduates seeking to obtain a UPIN number is discriminatory, unfair, and deprecatory to the many contributions made to the practice of medicine by Foreign Medical Graduates; and

Whereas, this requirement usurps the authority of the states to determine licensure by arbitrarily denying licensed physicians the opportunity to treat Medicaid patients; and

Whereas, this measure, combined with pressures on the Medicaid budget emanating from both the federal government and the states may exacerbate an already difficult access problem of Medicaid recipients; Therefore be it

RESOLVED, that AMA take legal action against implementation of Section 4752(d) of OBRA 90 and seek repeal if necessary." ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Large south side practice is looking for energetic physicians to join a stable practice of twelve years. Looking for (1) family practitioner, (2) general practitioner, (3) pediatrician. Please respond in confidence to: P.O. Box 578, Chicago, IL 60617.

Medical surgical center seeking physicians to work part-time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 108, Des Plaines, IL 60016, or call 708/390-9300 or 708/390-0300.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin, 44 physician, multispecialty group is seeking two internists, a vascular surgeon, a rheumatologist, an OB/gyn, an ophthalmologist and an orthopedist. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Parkway, Beloit, WI 53511, or call 608/364-2200.

Otolaryngology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820; 217/351-1285.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Dermatology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Pediatrics—Brainerd, MN: Join 2 pediatricians in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Private practice opportunities exist in southern Indiana affiliated with a 590 bed hospital. Specialties include internal medicine and family practice. Competitive compensation plan and attractive partnership arrangement available. Send CV to Don Hoit, 11222 Tesson Ferry Rd., Suite 203, St. Louis, MO 63123, or call 1-800-336-3963.

Internal medicine—Brainerd, MN: Join 7 internists in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Cardiology: 70-doctor multispecialty group seeking third cardiologist to associate in excellent growing consultative practice, combining both invasive and non-invasive opportunities. Well equipped offices within a well staffed, modern hospital minutes from clinic; "state of the art" catheterization laboratory with digital angiography and full non-invasive cardiac lab. New ICU and CCU being built. Drawing area 400,000. Stimulating midwest Big 10 university community of 100,000 with cultural advantages. Ideal for family. Medical school teaching affiliation. Excellent initial guarantee and fringes with early associateship and subsequent income based exclusively on productivity. Send CV to Ronald H. Deering, M.D., 101 W. University, Champaign, IL 61820.

X-ray technologist, experienced. For work with S.W. side group—established 44 years. Convenient to all expressways. Opportunity to work with patients in areas other than radiology. Bilingual English and Spanish preferred, but not necessary. Full or part-time. Contact: David Rosner, M.D., 312/247-4900.

Obstetricians/gynecologists—Illinois. Board certified or board eligible obstetricians and gynecologists wanted to join a 210 physician, multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801, or call collect at 217/337-3417.

Pediatricians—Illinois. Board certified or board eligible pediatricians needed to join 210 physician multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801; or call collect at 217/337-3417.

Radiologist. Position in large outpatient clinic. Facilities include fluoroscopy, tomography, mammography, diagnostic ultrasound, plus general radiology. No invasive procedures. This multispecialty group is located in the far western suburbs of Chicago in an area offering excellent schools, housing and recreational facilities. Excellent workload and hours compared to hospital setting, plus the ability to work with a quality group in a pleasant environment. Reply to Box 2180, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Cardiologist, BC/BE invasive/non-invasive to join five cardiologists in cardiology department of large multispecialty clinic in Chicago suburb. Active CV surgery and PTCA programs. Clinical, non-invasive and invasive skills required. Prefer knowledgeable, competent, skillful, personable individual. Exceptional salary and benefit package leading to early partnership. Send CV and details about your interest. Reply to Box 2179, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine and family practice physicians BC/BE. Exceptional opportunity to join our well established, very busy multispecialty clinic located in Milwaukee. Attractive and well equipped building including in-house laboratory, x-ray department, business department, etc. Excellent progressive hospitals, medical school, regional medical center. The greater Milwaukee area offers superb family environment, diverse cultural and recreational options. This is a unique, outstanding professional and personal opportunity! Please send CV or contact Jonathan Slomowitz, M.D., Mitchell Medical Center, 1672 S. 9th St., Milwaukee, WI 53204; 414/383-4700.

Family practitioner—Unique opportunity for a board certified/eligible family practitioner needed for a southern Illinois family-oriented community. Established practice already in operation. Hospital offering an excellent package to defray start up expenses. Practitioner becomes part of the clinical services department of the hospital which includes a surgeon, urologist, family practitioner, and a general practitioner and pulmonary disease specialist. Contact E.A. Helfrich, Administrator, Union County Hospital District, 517 N. Main, Anna, IL 62906; 618/833-4511.

Ophthalmologists, anesthesiologist: BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. BC/BE anesthesiologist: full-time M-F. Daytime hours. No call. JCAHO certified state licensed surgicenter. Excellent financial opportunity. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

General internist. Marshfield Clinic, a growing nationally recognized 350-physician comprehensive multispecialty group, seeks BC/BE general internists to join its 30-member section in Marshfield and regional centers in central and northern Wisconsin. We offer the qualified general internist a variety of locations and practice opportunities including: 1) Traditional general internal medicine practice; 2) Scheduled practice in immediate care or emergency care; 3) Focused practice in perioperative medical care, chemical dependency, geriatrics, or psychiatric unit medicine. Send CV to: David L. Draves, Director of Physician Recruitment, Marshfield Clinic, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Family practice, Chester: Busy group practice in physician-owned, free-standing facility with lab, x-ray and minor surgery equipment. Excellent support staff. Nearby hospital is financially sound and recently expanded. Just one hour from St. Louis attractions. Package includes guaranteed base salary, bonus incentive, paid professional liability insurance, fringe benefits and more. Contact Gerry Liebmann, HealthLine Physician Services, 1-800-443-3901.

Chicago: full-time emergency medicine positions available in your choice of academic emergency departments contracted with Emergency Medical Associates of Illinois. Full-time physicians BC/BE in emergency medicine or BC/BE in a related specialty (with extensive ED experience) will receive a potential faculty appointment, superb compensation and benefits package, malpractice insurance with no tail, employee or independent contractor status, and continuity of working in one facility or diverse experience in emergency departments with volumes of 10,000-50,000. Part-time positions also available. Please contact Mable Terry 312/947-4569. Send your resume attention: Emergency Medicine, 5200 S. Ellis Ave., Chicago, IL 60615.

Chicago, IL—Emsco Management Services currently staffs eight emergency departments and four ambulatory care facilities within the metropolitan Chicago area. If you would like to become a member of a group committed to excellence, please call or send your CV for immediate consideration to: Diane Temple, 907 N. Elm St., Suite 301, Hinsdale, IL 60521, 708/654-0050.

Opportunities available on Chicago's North Shore with a number of expanding, well-established practices affiliated with Highland Park Hospital. All positions offer competitive starting salaries with partnership potential. Physicians interested in providing quality care in modern, well-equipped offices are needed in internal medicine, family practice, obstetrics/gynecology, orthopedics, pediatrics and general surgery. For immediate confidential consideration, send CV to Karen Teitelbaum, Dir., Physician Relations, Highland Park Hospital, 718 Glenview Ave., Highland Park, IL 60035, or call 708/480-3840.

Joliet area.Thriving family practitioner looking for partner. Terms negotiable. Call 815/722-2525.

General psychiatrist. A BC/BE general psychiatrist is needed to join a 210-provider, private multispecialty group practice associated with the University of Illinois, College of Medicine. Psychiatric division has a 20-member multidisciplinary team with five psychiatrists. Practice includes a combination of inpatient, out-patient and consultative services. Competitive salary, liberal fringe benefits and early partnership; malpractice coverage provided. Write including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, 602 W. University Ave., Urbana, IL 61801; call collect 217/337-3417 or you may fax your CV to 217/337-3163.

Practice opportunity. University trained young vascular surgeon to work in association with established surgical group. Northside Chicago location. Attractive compensation package. Contact Kevin Peterson, M.D., at 312/334-1190.

Family practice—hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to respond to growing community demand. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangsness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

Boundary Waters canoe area and beautiful Lake Superior. Family practice opportunities in northeast Minnesota, northwest Wisconsin, and upper Michigan. Offering spectacular natural beauty, abundant recreational activities (including canoeing, fishing, alpine skiing and cross-country skiing) and competitive packages. Small rural practice and larger multispecialty group practice opportunities are available. Contact Susan Sowieja, Northern Lakes Health Care Consortium, 1017 E. First St., Duluth, MN 55805; 218/726-5587.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatrics and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Active established primary care practice. Completely equipped, staffed and computerized. Excellent patient base. Will introduce. Chicago location. Call 312/346-3364.

Medical suite for rent: in high traffic, stable working community in Chicago area. Excellent demographics. Large modern suite with accessible parking. 312/238-6686.

Otolaryngology practice for sale. Solo practitioner retiring. Over 30 years in practice. Growing community 40 miles west of Chicago. Contact Mr. Hoffman, 708/696-0220 for details.

Joliet area. Professional office space available. Ideal for medical/dental office. Call 815/722-2525.

For rent/sublease. Doctors office, Glenview. 900 square feet. Near Glenbrook Hospital. Seven rooms. Waiting room, lab. Available 11/1/90. 312/943-5405.

For sale. Two examination tables, EK-8 EKG machine and many small items. Call 812/299-8811.

***Clinical Obstetrics & Gynecology*. 25 years com**plete. March 1958 to December 1982. $2,500.00 or best offer. Vernon Dennis, 5408 N. Bernard, Chicago, IL 60625. 312/588-4455.

Palm Beach, elegant two bedroom, two bath penthouse. Beautifully furnished. Large pool, Japanese garden. Panoramic view of Lake Worth. Private access to ocean. 24-hour security. For sale or seasonal rent. Call 708/831-9501.

For sale: three years old, modern, fast-growing primary care practice in Chicago west suburbs. Suitable for family practice or pediatrics. Reply to Box 2184, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Custom computer graphic slides. For your next lecture, let us design your slides. As specialists in the medical photography field, we are experts in design, color, details, and backgrounds. Pick up and delivery available. Unbeatable prices. For information and sample slides call Phil, 312/508-0811.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

ILLINOIS STATE MEDICAL INTER-INSURANCE EXCHANGE

THE EXCHANGE IS PHYSICIAN OWNED AND OPERATED, SUPPORTED BY A STAFF OF INSURANCE PROFESSIONALS. OUR COMMITMENT TO OUR POLICYHOLDERS ALLOWED US TO STAND FIRM WHEN OTHERS WERE ABANDONING ILLINOIS PHYSICIANS.

Protecting physicians from non-meritorious lawsuits is behind the Exchange's strong commitment to reform medical malpractice laws. Our continuing vigilance is aimed at protecting these hard-won reforms–some of which have been threatened by court challenges.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians

SINCE 1976

COMMITTED

TO THE ILLINOIS PHYSICIAN

NATIONAL LIBRARY
DEC 4 1990
OF MEDICINE

ILLINOIS STATE MEDICAL INTER-INSURANCE EXCHANGE

#1 IL417L
V.1 NO.25 1990
C.01--------SER: SR0063501
TI: ILLINOIS MEDICINE

AIDS Awareness Week special issue

Illinois Medicine

December 7, 1990 ILLINOIS STATE MEDICAL SOCIETY

Joint Commission releases first analysis of compliance statistics

by Tamara Strom

PROMISING TO PACK more power behind the punch of hospital accreditation compliance statistics, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in November released its first analysis of these figures.

The report, *Hospital Accreditation Statistics 1986-1988*, differs from past JCAHO statistical data by outlining some of the reasons hospitals fail to meet commission accreditation standards, said JCAHO President Dennis O'Leary, M.D. "In some of our earlier releases, we were only giving scores, not the 'why' behind the scores," Dr. O'Leary said. "There are degrees of non-compliance. Most hospitals are at least partially in compliance. [By releasing the figures without accompanying analysis] we were not giving hospitals credit for doing things at least partially right." Providing a context for individual hospitals to assess their performance should help hospital officials identify their "hot buttons" so they can target their resources more efficiently, he said. Because of its anticipated usefulness, JCAHO plans to compile the analyses annually, Dr. O'Leary added.

The report is a "snapshot in time" of the nation's 6,800 hospitals, Dr. O'Leary said, adding that 80 percent of America's hospitals are JCAHO accredited. The data are based on accreditation surveys performed at 5,202 hospitals in 1986, 1987 and 1988. Although the data are "meaningful," it "should be fresher," he said. A new edition analyzing 1989 data will be released early next summer.

"Hospitals that comply with our standards are more likely to provide quality care," he said. "The converse would also be true, but [even] if the hospital does comply, it is not a guarantee the hospital would [have] a problem-free environment. Any hospital at any time is capable of providing excellent care." He called standards compliance a "proxy" for quality health care, which is why hospitals are assessed in more than 4,000 performance areas. "Hospitals must comply in all areas," he noted, citing as an example that it is "not OK [for a hospital] to have a few unlicensed doctors on staff." All staff physicians must be licensed, he said, for a hospital to be in compliance.

(continued on page 18)



William Daniels/The Photo Partners

Outgoing Gov. James R. Thompson, ISMS's only lifetime honorary member, enjoys the benefits of his new status at a luncheon in his honor hosted by the ISMS Board of Trustees Nov. 17 at the Hyatt Regency Oak Brook. "Dr." Thompson (left), whose father is an ISMS member, is pictured with ISMS President James H. Andersen, M.D. ▲

SIU designated federal Alzheimer's center

by Caryl Carstens

THE CENTER FOR Alzheimer's Disease and Related Disorders at the Southern Illinois University (SIU) School of Medicine has been designated a federal Alzheimer's Disease Center, U.S. Rep. Richard Durbin (D-Springfield) announced during a Nov. 15 press conference in Springfield.

The designation carries with it a $2.5 million five-year grant from the National Institute on Aging as a "center of excellence" in research. Nationwide, 20 institutions receive funding as federal Alzheimer's Disease Centers.

The grant will be used to supply services for the center's research projects and treatment program for Alzheimer's patients in its 95-county area of responsibility. The Illinois Department of Public Health in 1987 designated the SIU center one of two state regional centers for Alzheimer's disease and related disorders. The SIU center is responsible for all patients in Illinois outside of the Chicago metropolitan area and the surrounding collar coun-

(continued on page 3)

Illinois resolution leads to AIDS Awareness Week



RESPONDING to an Illinois-sponsored resolution adopted by the American Medical Association's (AMA) House of Delegates, physicians this week nationwide are renewing their commitment to learn more and educate others about AIDS as they observe "AIDS Awareness Week."

"Over the years, physicians have become somewhat complacent about AIDS, when they should be taking a very active leadership role in combating this epidemic," said medical and law student Mike Cantor, who wrote the resolution. "This means educating ourselves more about HIV, learning how to care for HIV-infected patients and dropping some of our prejudices against HIV-infected people." Cantor, an AMA Medical Student Section alternate delegate to the 1990 AMA House of Delegates, attends the University of Illinois at Urbana-Champaign.

The resolution mandates that the Illinois State Medical Society (ISMS) and the AMA "promote events during the week to increase public awareness of all aspects of the AIDS epidemic, and help coordinate activities promoted by county societies."

on page 13)



In this issue

Edgar names transition team . 2
Defending AIDS-related malpractice claims 6
Physicians gradually becoming comfortable treating AIDS patients. 8
Medical schools and their AIDS curricula 9
AIDS patients eligible for home care program 9
Great moments in Illinois medicine 15

1126 IM
NATIONAL LIB OF MED
15-INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20014
********** UNIQUE 3 DIGIT ZIP

Edgar names transition team

by Tamara Strom

FORTY-FOUR "outstanding Illinoisans" named Nov. 27 as members of Jim Edgar's transition team will help the governor-elect chart his course for leading the state over the next four years. Recommendations made by the transition team are due in late January and will "serve as a blueprint" for his administration, Edgar said.

"These highly capable and dedicated Illinoisans will provide the diverse and dynamic leadership needed to assure that the Edgar administration gets off to a good start and is ready to address the major challenges facing our state," Edgar said.

Illinois State Medical Society Executive Vice President Alexander R. Lerner was one of those named to the transition team. The society's political action committee supported Edgar in his successful bid to become Illinois' next governor. Throughout his campaign, Edgar stressed that as the state's first non-lawyer governor in more than 30 years, he will strive to bring stability to the medical malpractice arena by supporting caps on non-economic damage awards. Edgar also said he would like to see the state shift its health care emphasis toward prevention and early intervention.

Leading the transition team are co-chairmen Stanley O. Ikenberry, president of the University of Illinois; Nancy B. Jefferson, chairman and chief executive officer of the Midwest Community Council, an influential community group on Chicago's West Side; William L. Weiss, chairman and chief executive officer of Ameritech; and Lt. Gov.-elect Bob Kustra. Former Gov. William G. Stratton will serve as honorary chairman.

Of the co-chairmen, Edgar said, "These four individuals represent a wide range of interests, professionally, geographically, ethnically, which reflects my continued desire to see that the Edgar administration ... reaches out to all of Illinois. ... [They] are leaders of this state, people who in their past have demonstrated a concern for Illinois and an ability to make a difference."

Edgar singled out Jefferson as a transition team co-chairman because she is a champion of the disadvantaged, he said, particularly in the areas of health care, education and fair housing.

Comprising community, civic, business, labor and governmental leaders from throughout Illinois, Edgar's transition team, he said, "mirrors the racial and ethnic diversity of Illinois." Other team members are: Dixie Axley, Normal; Paul Beitler, Chicago; Lee Betterman, Mount Prospect; Estelle Black, Rockford; Verna Clayton, Buffalo Grove; Bill Conlon, Glencoe; Cal Covert, Rockford; Harry Crisp, Marion; Becky Doyle, Gillespie; Fred Edgar, Charleston; Claudia Emken, Yates City; Kay Feurer, Springfield; Chuck Gauwitz, East Peoria; Dan Goodwin, Oak Brook; Sam Gove, Champaign-Urbana; John H. Harris II, Moline; Glen Harston, Chicago; Irwin G. Jann, Chicago; Mrs. Chunghee Kimberly Kang, Oak Brook; Harry Kurshenbaum, Chicago; Jim Lago, Oak Park; Jan Lutovsky, Decatur; Barry MacLean, Mundelein; June McGown, Charleston; Lou Mervis, Danville; Ed Moskal, Chicago; Katherine Ortiz, Chicago; Pete Peters, Chicago; Mary B. Price, Naperville; Arthur Quern, Evanston; Jack Roeser, Carpentersville; P. James Roupas, Palos Hills; Bob Schrayer, Highland Park; Niranjan Shah, Chicago; Celeste Stiehl, Belleville; Sue Suter, Springfield; Renee Thayler, Northbrook; Ping Tom, Chicago; Norman Toscano, Lincolnwood; Charles A. Tribbett III, Chicago; Bob Veits, Peoria; Richard Williamson, Kenilworth; Pamela Witt, Skokie-Fairview. ▲

Physician Facts

Illinois HIV-seropositive test reports

Reasons for HIV testing

Initial counseling and testing	1,126
Diagnostic	3,293
Court-ordered testing	22
Military screening	27
Insurance exam	4
Blood donor	14
Premarital	56
Patient request	41
Total HIV seropositives	4,583

Reported to IDPH by private providers
Cumulative from 1/1/88 to 10/31/90

Chicago begins privatizing health programs

by Tamara Strom

OPPONENTS SAY THE city is giving away its best weapon in the war on drugs by privatizing the Chicago Addictions Treatment Center (CATC). But after two day-long public hearings before the City Council's Health Committee, and a heated debate in council chambers, Chicago's aldermen voted 28-19 Nov. 14 to transfer the treatment program to private hands.



William Daniels/The Photo Partners

Sheneather Butler, City Council Health Committee chairman.

Two Chicago-based drug and alcohol treatment programs, Gateway Foundation and Interventions, will begin operating the city's drug and alcohol treatment program at their existing facilities Jan. 1.

No other recommendation in Mayor Richard M. Daley's proposed 1991 budget sparked as much furor as privatizing the South Side addiction treatment center. The mayor's budget sailed through council with a 39-8 vote, but several aldermen said they could not swallow "abandoning" those who were trying to fight their addictions.

"I have no other problem with this budget except for CATC," said Ald. Arenda Troutman (20th). "If we take away facilities like CATC, then we should expand the jails, because we're going to need them." One reason for CATC's transfer to not-for-profit agencies is that Cook County is negotiating with the city to acquire the land at 3026 S. California Ave., where CATC is located, to expand its overcrowded jail.

Mayoral candidate Ald. Danny K. Davis (29th), who was just elected a Cook County Board commissioner, said privatizing the center is a "dereliction of a core set of responsibilities" the city has to help those in need. Davis said he does not have a problem privatizing many city services, but not health services. "I'm afraid at some point the private agencies won't continue to provide the care to the poorest individuals," he told the council's Health Committee Nov. 7. "One of our greatest responsibilities is to protect those who can't help themselves. People who are addicted fall into this category."

Privatizing CATC 'going in the wrong direction'

Ald. Sheneather Y. Butler (27th), chairman of the City Council Health Committee, said that by privatizing CATC, Chicago is "going in the wrong direction." Although the Health Committee voted Nov. 2 to recommend transfer of the treatment program to the private sector, Butler said she could not abide by the decision. "It's a difficult position to be in as chairman to push forth legislation you don't agree with," she said, adding that the city should be expanding its treatment programs, not giving away the one it has to non-profit agencies. "We can never have enough services out there, especially with all the young people on drugs."

CDOH officials defend the transfer

Chicago Department of Health (CDOH) officials said privatizing the center enables the city to expand its program by treating more patients at a lower cost. "Government is not the most efficient means of delivering health care," said Deputy Health Commissioner Virginia Parker. "That has been proven time and time again. [Privatizing] is a more efficient way of delivering care."

Interventions, a non-profit agency that runs drug and alcohol treatment centers in Illinois and Indiana, will run a 70-bed, 28-day inpatient program with city funding on Chicago's South Side at 5701 S. Wood, the former Central Community Hospital. Gateway Foundation, a not-for-profit Chicago-area treatment center specializing in outpatient care, will treat city patients at its North Side facility at 2855 N. Sheffield Ave. Gateway is planning to open a South Side facility by July 1991. Officials from Gateway and Interventions say they will use sliding payment scales, but added that they will not turn away non-paying patients. Gateway President Michael Darcy said 78 percent of the treatment center's patients pay nothing.

New contracts would save city $1.1 million

The city's program currently serves 1,445 patients a year. Under the new contracts with the not-for-profit agencies, more than 1,650 patients can be treated with the same funding, Daley said. The city will pay $3.8 million to the two agencies to run its treatment program, a savings of $1.1 million over the projected costs for the city running CATC. "As in the past, the ... program will continue to treat citizens regardless of their ability to pay. We have maintained our commitment to treat all citizens regardless of their economic back-

(continued on page 18)

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

On the Legislative Scene

by Kevin O'Brien
and Caryl Carstens

House overturns Medicaid cuts ... The Illinois House of Representatives voted overwhelmingly Nov. 14 to restore $100.4 million in Medicaid cuts ordered by Gov. James R. Thompson in August. By a 105-6 vote, representatives restored $44.3 million in aid to hospitals and $11.9 million in reimbursements to physicians. They also voted 89-19 to return $43.1 million earmarked for long-term care. In addition, $1.1 million for community health centers was restored.

With the governor's cuts, the Medicaid budget totals almost $2.5 billion, according to Illinois Department of Public Aid spokesman Dean Schott. Restoration of the cuts would bring the Medicaid appropriation to the $2.6 billion level the legislature approved in June. The Senate, which must ratify the House action, was expected to consider the measure during the second week of the fall veto session Nov. 28-30. A simple majority, or 30 votes, is needed to override the governor's action.

During the first week of the veto session, the Illinois Hospital Association (IHA) mounted an aggressive lobbying campaign in the House to restore the cuts as part of an overall strategy designed to address chronic



Medicaid underfunding. IHA officials have said hospitals often wait between 45 and 50 days for Medicaid reimbursement, but Schott claimed current payment cycles are between 38 and 41 days. He added that hospitals in financial trouble are paid in as little as 14 days.

Rural funding sought ... Start-up funding for a state program to provide medical care in underserved rural areas and small towns is also being sought during the current veto session.

State Sen. James Rea (D-Christopher), chief sponsor of rural health legislation that passed the legislature during the spring session, filed a bill to appropriate $8 million for the program. Gov. Thompson signed the enabling legislation in a public ceremony Aug. 27 at the DuQuoin State Fair, but funding for the program was not included in the budget passed in June.

The bill is designed to help address the needs of 12 rural counties that have no obstetrical care, areas that are generally underserved and areas with no available psychiatric care.

Officials at Southern Illinois University (SIU) School of Medicine in Springfield said the Illinois Department of Public Health (IDPH) would receive $4.5 million of the start-up funds and the SIU School of Medicine would receive $3.5 million. IDPH would allocate community grants through its Center for Rural Health to develop three obstetrical clinics and three or four general care clinics. The medical school would provide organization and management for the clinics. ▲

Alzheimer's

(continued from page 1)

ties, where the program is administered by Chicago's Rush-Presbyterian-St. Luke's Medical Center.

Robert Becker, M.D. chairman of the SIU department of psychiatry, said the grant has provided the framework that has allowed SIU to seek an additional $3 million in grants to fund the school's research into Alzheimer's and related disorders.

"There are no treatments for Alzheimer's disease today, and this type of research is critical in such instances," said Becker. Under the direction of Richard H. Moy, M.D., dean and provost, SIU has recruited a group of medical and pharmaceutical specialists interested in research into brain-related diseases. In 1983, five investigators began research into the brain's cholinergic system and its role in Alzheimer's and aging. The team has so far received a patent for one drug that may have a role in treating Alzheimer's.

Rodger J. Elble, M.D., Ph.D., director of the SIU center, said the "real winners" of this grant are the Illinois legislators who, together with the medical school and others, developed the legislation establishing the two state centers. "I think [winning the federal designation] makes it so gratifying [because] it started from the grassroots level," Dr. Elble added.

The SIU center has served 5,808 families from its inception through June 30. Statewide, an estimated 138,984 people suffer from Alzheimer's. ▲

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

IMPORTANT BILLING INFORMATION FOR MPP/PPO PROVIDERS

Since many new groups have signed on to the Blue Cross and Blue Shield of Illinois (BCBSI) Physician PPO during the last year — more than 100,000 subscribers state-wide representing approximately 250,000 lives — BCBSI would like to take this opportunity to reiterate the following important billing information.

MPP PARTICIPANTS

The Mutual Participation Program (MPP) contract specifies that participating providers bill BCBSI only and not BCBSI subscribers for services contractually eligible under the subscriber's usual and customary contract. MPP providers may bill the subscriber for contractually ineligible services and for any deductible or coinsurance amounts payable under the contract and agree to accept as full payment BCBSI's usual and customary fee determination for contractually eligible services or, if less, billed charges.

For example, if BCBSI's usual and customary allowance is $500.00 for a billed service, and there is a 20% coinsurance amount to be paid by the subscriber, BCBSI would issue a $400.00 payment to the provider — the subscriber would be responsible for the remaining $100.00.

PPO PARTICIPANTS

The Participating Provider Option (PPO) provider also bills BCBSI only and not BCBSI subscribers for services contractually eligible under the subscriber's PPO contract. Like MPP providers, PPO providers may bill the subscriber for contractually ineligible services and for any deductible or coinsurance amounts payable under the contract and agree to accept as full payment BCBSI's PPO Schedule of Maximum Allowances or, if less, billed charges.

For example, if the lesser of the maximum allowance and the provider's fee for a billed, eligible procedure is $500.00, and there is a 20% coinsurance amount to be paid by the subscriber, BCBSI would issue a $400.00 payment to the provider — the subscriber would be responsible for the remaining $100.00.

The MPP and PPO programs at BCBSI ensure that our subscribers are not billed in advance of services — instead, bills from MPP and PPO providers are adjudicated at BCBSI based on a subscriber's eligible benefits which may include deductibles and copayments.

For information on electronic submission of your BCBSI claims, please contact the Professional Hotline at (312) 938-7340.

(This report is a service to the physicians of Illinois)
12/7/90

Editorials

Whither hospitals?

Do AIDS patients really belong in hospitals? At some stages of the disease, yes, they do. But when the disease is diagnosed, established, and some maintenance therapy or treatment is in place, is a hospital really the best place for the AIDS patient? Probably not.

The acceptance of hospitals as centers of treatment and healing, rather than as dumping grounds for the homeless and infectious, was a pivotal moment in the professionalization of medicine. Until hospitals were accepted, both by physicians and patients, as positive factors in treatment and recovery, with few exceptions people were born, ailed, lingered, recuperated and died at home.

Through the years hospitals came to be centers of hope, showcases for scientific advances that seemed to be science fiction come to life. Babies weighing only a pound are saved. Hearts are transplanted. Brain tumors are removed. Patients restored to families and communities relieved of pain or cured are the rule, not the exception.

Now we hear some physicians, some payers and some patients advocating moving from hospital care to home care. Our story on an AIDS patient receiving care at home illustrates how the home care alternative can be a beneficial option – for some patients.

For other patients, home care may be the only answer. A story in our last issue discussed services available to families providing home care for patients with Alzheimer's, patients for whom acute hospital care is inappropriate.

The emergence of home care as a viable alternative for some patients, combined with the proliferation of ambulatory surgical treatment centers and other "short-term" inpatient facilities, poses the larger question: What is the most appropriate role for the hospital of the future? In these cost-conscious days it should be noted that care provided in hospitals is the most expensive care available – and yet the patient in full-blown MI needs nothing less than a hospital, as does the gunshot victim, the complicated delivery and the "hot" appendix.

AIDS patients, however, may be able to move through their illness largely outside the hospital system: from diagnosis to remission and maintenance at clinics and private practices, to chronic disease state with home care, and finally to hospices during the last stages of their lives.

And if it can happen with AIDS patients, who is to say it cannot happen with other diseases that are "chronic and acute" at the same time?

An ancient Chinese curse went, "May you live in interesting times." From where we stand, decision makers at hospitals must find these times – and the future – to be about as interesting as they can stand.

Is anybody out there?

We were just wondering. Because we asked for reader opinion about AIDS, and we heard nothing. Zip. Zero. Letter number one never arrived.

People who worked here last year still talk about the outpouring of letters received when *Illinois Medicine* invited physician comment on abortion. Letters pro and con, letters urging reason and letters inciting riot – it was a glorious explosion of opinion.

What does it mean that 17,000 physicians in the state of Illinois did not, could not or would not express themselves on the greatest medical crisis of the last 50 or 100 years?

We don't know. We're just asking. ▲

Illinois Medicine

VOLUME 2, NUMBER 25 **DECEMBER 7, 1990**

Illinois Medicine **is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

Illinois Medicine **Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

Illinois Medicine **Staff**
Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin D'Brien, Executive Editor

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.

Guest Editorial

Needed: compassion and understanding



by Thomas R. Klein, M.D.

I am a family physician – or at least I was trained as a family physician. But since I completed my training over nine years ago, instead of taking care of nuclear families, or practicing pediatrics and geriatrics, my partner and I have devoted the majority of our practice to caring for individuals with HIV disease. Together we care for more than 1,200 HIV-infected persons; at least 250 of them have AIDS itself. We have lost more than 200 patients to this dreaded disease in eight years.

How did I get involved in caring for so many persons with HIV disease, and why do I continue to do it? When I was a resident, I began volunteering at the Howard Brown Memorial Clinic, at that time basically a clinic treating mostly gay men with sexually transmitted diseases. The clinic has now evolved into the largest AIDS service organization in the Midwest. Through my volunteer work there, I began getting referrals of gay men seeking sensitive physicians for their basic health needs. Unfortunately, many of them contracted HIV disease over the next few years. We also received referrals from AIDS hotlines and HIV testing centers. Today, we usually have between five and 20 patients hospitalized with AIDS, and daily see as outpatients at least 20 people with HIV disease.

I continue to be involved in this work because of the great need for competent and compassionate care for individuals infected with the HIV virus. Our practice is a very difficult one because we become so close to the people we care for – people who were or are healthy, young, bright individuals in the prime of their lives. As each one has died, we have lost a friend.

Many times I'm not sure I can continue in this practice much longer – especially those weeks when three patients die. Or the week that 10 new patients are admitted to the hospital. Or the day I must face the look of great fear in someone who has just tested positive and whose T-cells are low enough to require antiviral therapy. The strain of caring for AIDS patients takes a physical toll as well. I work hard to take care of myself.

But when I get a wonderful note from a parent thanking me deeply for the care I gave their deceased son, or when I see the look of great determination in someone who has decided to live with this disease and to fight hard to stay alive for many years with my help, I feel very rewarded. It is at these times that I know I have to stay strongly involved in the battle – to be there to support those who need our help, to educate those who are unfamiliar with the disease, and to comfort those who have suffered great losses because of AIDS.

I know many physicians are afraid to accept patients with HIV disease. I believe there are three basic reasons: fear of contagion, a lack of knowledge about the disease and its treatments, and basic prejudice. From long experience I can assure you that following the Centers for Disease Control guidelines for health care workers caring for HIV-infected people allows very little risk of exposure. In any case, we all agree to face some risks when we decide to enter medicine.

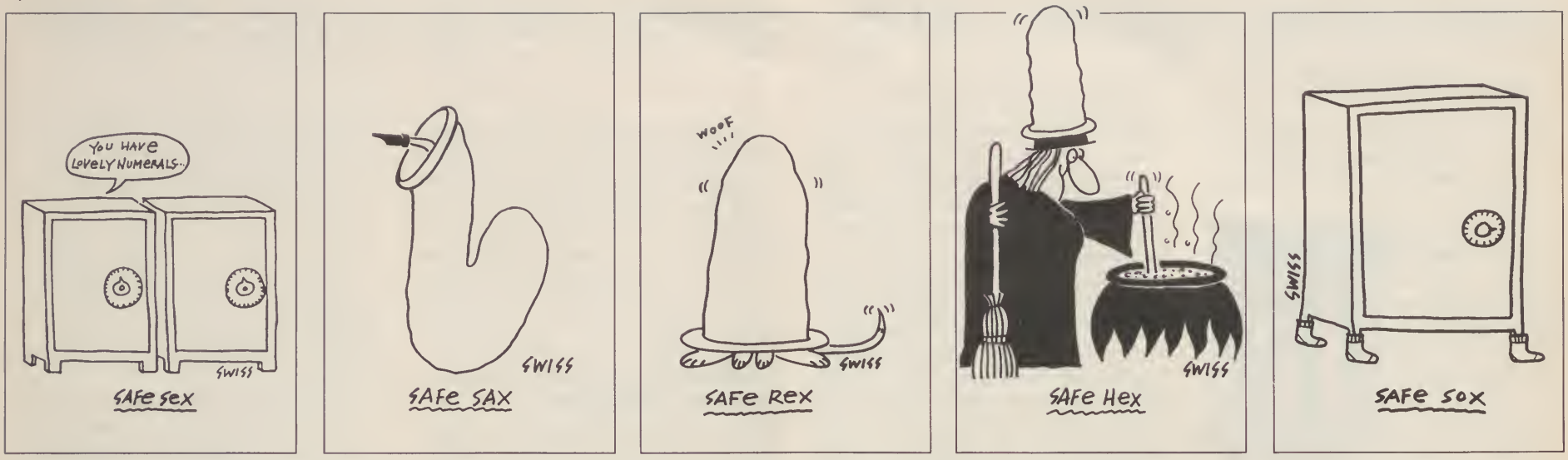
So much more now is known about HIV disease that the busy physician who spends just a little time reading will soon be up-to-date. And understanding the basics of AIDS care is simple. Signs and symptoms are easily detected in symptomatic HIV disease, but the time to screen is when infected persons are asymptomatic. Every physician should routinely take a sex and drug-use history of their patients. If testing for the HIV virus is indicated, physicians should engage the patient in both pretest and post-test counseling. The Illinois State Medical Society has produced a 30-minute videotape that shows how physicians can integrate these measures into their patient care routine.

The problem of prejudice against HIV-infected individuals is much more difficult. Many physicians are uncomfortable dealing with homosexual patients and IV drug abusers. But however we may feel personally about our patients' lifestyles, there is no place in the medical care of HIV disease for judgment, condemnation or preaching. What is needed is compassion, understanding, education and determination to continue to fight this disease in the face of the terrible devastation it causes. Then maybe someday we will be able to conquer AIDS. I hope many of you will join in the fight. ▲

Thomas R. Klein, M.D., a member of ISMS, is former co-medical director of the Howard Brown Memorial Clinic. He practices in Chicago.

On the lighter side ...

by Thomas Wutherich



Her anxiolytic is working—but she's alert, functioning, and at no risk of a benzodiazepine withdrawal syndrome when therapy ends.



That's

Efficacy!

BuSpar relieves anxiety and returns your patient to normal activity

...with no more sedation (10%) than induced by placebo (9%)[1]
...without inducing significant cognitive[2] or functional impairment*
...without producing a benzodiazepine withdrawal syndrome[3] upon discontinuation

Effective choice for anxiety

BuSpar®

Tablets, 5 mg and 10 mg

(buspirone HCl)



for a different kind of calm

*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

© 1988, Bristol-Myers Company, Evansville, Indiana 47721, U.S.A. MJL8-4237R2

BuSpar® (buspirone HCl)

References: 1. Newton RE, *et al.* A review of the side effect profile of buspirone. *Am J Med* 1986;80(3B):17-21. 2. Lucki I, *et al.* Differential effects of the anxiolytic drugs diazepam and buspirone, on memory function. *Br J Clin Pharmacol* 1987;23:207-211. 3. Lader M. Assessing the potential for buspirone dependence or abuse and effects of its withdrawal. *Am J Med* 1987;82(5A):20-26.

Contraindications: Hypersensitivity to buspirone hydrochloride.

Warnings: The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment.

Precautions: ***General***—*Interference with cognitive and motor performance:* Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol.

Potential for withdrawal reactions in sedative/hypnotic/anxiolytic drug dependent patients: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdraw patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures.

Possible concerns related to buspirone's binding to dopamine receptors: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (eg, dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported; the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (ie, represent akathisia).

Information for Patients—Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding; and not to drive a car or operate potentially dangerous machinery until they experience how this medication affects them.

Drug Interactions—Concomitant use with other CNS active drugs should be approached with caution (see **Warnings**). Concomitant use with trazodone may have caused 3- to 6-fold elevations on SGPT (ALT) in a few patients. Concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations in normal volunteers. The clinical significance is not clear. Buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins, but may displace less tirmly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with wartarin, phenytoin, phenobarbital, digoxin, and Synthroid.

Carcinogenesis, Mutagenesis, Impairment of Fertility—No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur.

Pregnancy: Teratogenic Effects—Pregnancy Category B: Should be used during pregnancy only if clearly needed.

Nursing Mothers—Administration to nursing women should be avoided if clinically possible.

Pediatric Use—The safety and effectiveness have not been determined in individuals below 18 years of age.

Use in the Elderly—No unusual, adverse, age-related phenomena have been identified in elderly patients receiving a total, modal daily dose of 15 mg.

Use in Patients with Impaired Hepatic or Renal Function—Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment.

Adverse Reactions (See also Precautions): ***Commonly Observed***—The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients, include dizziness, nausea, headache, nervousness, lightheadedness, and excitement.

Associated with Discontinuation of Treatment—The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling; gastrointestinal disturbances (1.2%), primarily nausea; miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary.

Incidence in Controlled Clinical Trials—Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: *Cardiovascular:* Tachycardia/palpitations 1%. *CNS:* Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%. *EENT:* Blurred vision 2%. *Gastrointestinal:* Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%. *Musculoskeletal:* Musculoskeletal aches/pains 1%. *Neurological:* Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%. *Skin:* Skin rash 1%. *Miscellaneous:* Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%.

Other Events Observed During the Entire Premarketing Evaluation—The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses of the drug under well-controlled, open, and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. *Cardiovascular*—frequent: nonspecific chest pain; infrequent: syncope, hypotension, hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. *Central Nervous System*—frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, tearfulness, loss of interest, dissociative reaction, hallucinations, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. *EENT*—frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. *Endocrine*—rare: galactorrhea, thyroid abnormality. *Gastrointestinal*—infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. *Genitourinary*—infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia *Musculoskeletal*—infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias. *Neurological*—infrequent: involuntary movements, slowed reaction time; rare: muscle weakness. *Respiratory*—infrequent: hyperventilation, shortness of breath, chest congestion; rare: epistaxis. *Sexual Function*—infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. *Skin*—infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. *Clinical Laboratory*—infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. *Miscellaneous*—infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, hiccoughs.

Postintroduction Clinical Experience—Rare occurrences of allergic reactions, cogwheel rigidity, dystonic reactions, ecchymosis, emotional lability, tunnel vision, and urinary retention have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar has not been determined.

Drug Abuse and Dependence: ***Controlled Substance Class***—Not a controlled substance.

Physical and Psychological Dependence—Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (eg, development of tolerance, incrementation of dose, drug-seeking behavior).

Overdosage: ***Signs and Symptoms***—At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. No deaths have been reported in humans either with deliberate or accidental overdosage.

Recommended Overdose Treatment—General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

For complete details, see Prescribing Information or consult your Mead Johnson Pharmaceuticals Representative.

U.S. Patent Nos. 3,717,634 and 4,182,763

Mead Johnson PHARMACEUTICALS

A Bristol-Myers Company
Evansville, Indiana 47721

Defending against AIDS-related malpractice claims

by Carol Brierly Golin

AS HIV INFECTION spreads and more people exposed to the virus develop AIDS, the number of AIDS-related professional liability actions lodged against physicians, hospitals, blood banks and other health providers continues to increase.



The hopeless prognosis, the "why me?" anger, and the huge costs of care that the dying AIDS patient must somehow bear are all factors leading individuals to sue to recover damages from any individual or health care entity that may be culpable.

The first wave of AIDS suits targeted blood banks and hospitals for transfusing infected blood. Now such cases often name physicians – a trend that may increase as donor screening and blood testing procedures minimize the chances that infected blood will get into circulation.

"Today, a plaintiff will argue that a transfusion in which a patient received infected blood was unnecessary or that negligent care necessitated the transfusion," says attorney Mark C. Fedota, of Brinton and Fedota, Chicago, a firm that handles a number of AIDS-related cases.

Because it takes several years for AIDS to develop in some HIV-infected individuals, many of these transfusion cases arise from incidents that occurred before or just after the first testing kits for donor blood were licensed and introduced in March 1985. Plaintiffs seek to hold physicians to standards of care relative to the safety of blood and blood products that were non-existent at that time, Fedota says. The defense must argue that procedures for transfusions were the reasonable and acceptable standard of care at that time.

The potential for such cases is substantial, given that 3,589, or about 2.5 percent, of the 143,286 AIDS cases reported to the Centers for Disease Control through July 31 were traced to transfusions. It is estimated that 95 percent of patients who have been exposed to the virus through transfusions will become infected.

Fedota refers to a typical transfusion case in which an infant born in 1983 was transfused and became HIV-positive. "The transfusion was the state of the art in 1983. The physician gave the transfusion to help the child survive. There were no HIV antibody tests then. Now the physician is being sued."

To avoid such actions, Fedota suggests that physicians regularly review established protocols relating to blood and transfusions at their hospitals. They should also develop their own office protocols for drawing blood samples. Strict adherence to these protocols should help defend any claims that arise. "However, if those protocols don't make sense, are inadequate or outdated, they won't help," Fedota says.

To defend a claim alleging that negligent care necessitated a transfusion subsequently found to be infected with the AIDS virus, Fedota stresses that carefully recording the indications and the rationale in the record is essential. When a physician believes a transfusion is indicated, he suggests that he or she explain the reasons for it, the risks involved, any alternatives, and then obtain written consent.

"Keep good records," Fedota advises. "Use a Dictaphone, carry it with you, and dictate patient information and your clinical decisions as you go. Review the transcriptions before they go into the record. Check to assure that all the appropriate consent forms are signed and properly filed."

Confidentiality and informed consent are issues in AIDS cases

Breach of confidentiality and failure to obtain informed consent also figure in AIDS cases around the nation, says the Chicago attorney.

"We haven't yet seen informed consent cases involving AIDS in Illinois, but some are sure to materialize, and they probably will relate not just to consent to transfusions but to other treatments. Nor have many breach of confidentiality suits arisen, but I expect we'll see more of them," Fedota says.

He offered some "what if" scenarios:

What if an AIDS patient says he will sue, alleging a physician violated privacy by revealing his condition to a physician's entire medical office staff? Or what if a staff person unknowingly photocopies and circulates a record containing information that the patient is HIV-infected or has AIDS, generating a similar threat of legal action?

Fedota says that maintaining confidentiality is essential. "Establish and make sure your staff adheres to rules for handling sensitive information so that patient confidentiality is not compromised," he cautions. "Remember, it may not be necessary for an employee to know a patient has AIDS."

What if a patient tells a physician he thinks he has AIDS and the physician suggests in good faith that he would like to refer him to a specialist more qualified to treat AIDS-related problems? And what if a suit alleging that the physician discriminated against the patient for doing so is filed, triggering a whole string of actions by human rights organizations?

The answers here are not so clear, Fedota points out, because no court has yet ruled whether a physician's office is a place of public accommodation. What is clear, however, is that a physician has an ethical duty to treat an AIDS patient despite the potential risks involved.

Finally, the number of cases thus far alleging that negligence caused a health professional or worker to become infected with the HIV virus in the hospital or medical office is small. Fedota predicts these cases may also increase in the future.

Adding a new dimension to the whole AIDS transmission issue is the unanswered question of whether an AIDS-infected Florida dentist who died in early September actually transmitted the disease to a young female patient when he extracted her wisdom teeth. A malpractice suit in that widely publicized case has been filed against the health insurance company that paid for the extractions. And when the mandatory three-month waiting period for filing an action against a health professional expires, patient and AIDS victim Kimberly Bergalis has said she will sue the deceased dentist and his estate for negligence. ▲

CASE *in* POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin

Case #1

The case in brief – Over 18 months, a 25-year-old female office worker repeatedly visited her family physician with a number of complaints, including an infection of the lining of her mouth, weight loss and malaise, and a series of unexplained infections that resisted treatment. Eventually, she was hospitalized with pneumonia. At that point, the physician ordered tests that confirmed AIDS.

The resulting claim – The woman filed suit for failure to diagnose her condition and for failure to treat in a timely fashion. A court awarded her $5 million.

The point this case makes– This case, which arose in 1987 and was one of the first in the nation alleging failure to diagnose AIDS, underscores the importance of considering the possibility that any patient may be infected with the HIV virus or have AIDS.

Case #2

The case in brief – Saying he was fearful that he might have become infected with the AIDS virus, a 35-year-old man visited a physician to request an HIV test. When he did not hear from the physician in a few days, he called the office and a staff person told him his test had been positive. The staff person advised the man to return for a repeat test. He did so. Once again, when no information was forthcoming, the man called for the test results. Again he was told the results were positive. But, when the man returned to the physician's office to talk about what course to pursue, he was told the medical staffer had given him the wrong test results and that his tests had been negative. Meanwhile, a bill for the tests was routinely submitted to the man's insurer. Consequently, the information passed through the hands of the man's employer and he lost his job.

The resulting claim – The man filed a claim alleging breach of confidentiality with accompanying economic loss because he lost his job. He also claimed damages for emotional distress arising from twice being giving erroneous test results. The physician settled for an undisclosed, but reportedly substantial, amount.

The points this case makes – Laws relating to disclosure of HIV test results have changed considerably since the two out-of-state cases synthesized in this case occurred. Illinois Department of Public Health regulations effective 1988 specify that if two ELISA tests are positive, this information cannot be released until a confirmatory test has been completed. Given the serious implications of test results, the physician should convey the information personally to the patient in a consulting situation.

The AIDS Confidentiality Act prohibits a physician from submitting a bill for an HIV test to an insurance company unless the patient has signed a specific authorization to do so. Physicians who determine on the basis of a patient's medical history that an HIV test is indicated, should discuss this recommendation with the patient, obtain informed consent to order the test, and request consent to bill the insurer or third-party payer for it. All of this should be noted in the patient's medical record in accordance with the confidentiality provisions of the act, the Illinois State Medical Inter-Insurance Exchange stresses.

Failure to observe these prohibitions not only exposes the physician to a malpractice suit, but also to disciplinary action by the Illinois Department of Professional Regulation and even to prosecution for a Class B misdemeanor if a violation is deemed intentional or reckless.

(continued on page 7)

Case in point *(continued from page 6)*

Medical office staff must be specifically instructed to protect patients' privacy, especially those patients with possible HIV infection or AIDS, and be trained to conform with all related existing legislation and regulations.

Case #3

The case in brief – A neonatologist was called in shortly after the birth of a premature infant who was in medical difficulty. He ordered a blood transfusion and, two weeks later, ordered a second transfusion. The child survived, but before reaching her third birthday was found to be suffering from AIDS. Subsequently, it was learned that the blood in the second transfusion had been infected with the AIDS virus.

The resulting claim – The parents sued for failure to obtain consent for the second transfusion and negligence for performing it. A jury awarded $28 million to the parents, but the award later was reduced to approximately $4 million.

The points this case makes – This case underscores the liability problems arising from transfusions given in the "gray area" just before tests to screen blood for AIDS were approved in March 1985. In this instance, the transfusion was given the day before screening kits arrived at the hospital. In similar cases, transfusions were given when kits were on hand, but nobody yet knew how to use them, or infected blood remaining in inventories was used after the testing kits arrived. During that period, transfusions and use of plasma products were within the existing standard of care.

Today, the best advice Exchange risk management advisers can offer is to transfuse only when clearly indicated; give a full explanation of the rationale, risk and alternatives; and obtain consent for the procedure. Physicians should know that as blood banks reduce the risk that infected blood is put into circulation, new allegations are beginning to appear in transfusion-related claims. In several Illinois cases, some of which are pending, plaintiffs claim physician negligence resulted in the need for a transfusion. Given the growing number of AIDS cases, it seems likely that new grounds for liability suits may arise over time.

For a copy of the brochure "AIDS-Facts for Physicians: A Physician's Guide to Legal Responsibilities," write the Illinois State Medical Society Medical Services Division, Twenty N. Michigan Ave., Suite 700, Chicago, Ill. 60602. ▲

Carol Brierly Golin is publisher of Medical Liability Monitor.

Nominations sought for board membership

Exchange annual meeting April 10

THE Illinois State Medical Inter-Insurance Exchange will hold its annual meeting on Wednesday, April 10, 1991, at 4 p.m. at the Westin O'Hare Hotel in Rosemont. Members of the Exchange Board of Governors will be elected at the meeting. Board members shall be elected by a majority vote of the members represented at the annual meeting in person or by proxy. The Board of Governors has general supervision over the finances of the Exchange and of its operations, and establishes all policies governing the proper transaction and conduct of the business and affairs of the Exchange. Any member of the Exchange interested in serving as a governor should so notify, in writing, Fred Z. White, M.D., Chairman, Board of Governors, Illinois State Medical Inter-Insurance Exchange, Twenty North Michigan Avenue, Suite 700, Chicago, Ill., 60602. Please include a current curriculum vitae. All letters of intent received at the Exchange office **on or before Jan. 24, 1991** will be considered by the Nominating Committee. ▲

The Doctor's New Career



"Grown attached to your bobber?" Wilbur asked. The doctor didn't bother to stop toeing the line long enough to tell Wilbur about his new career as a fly caster, divot replacer, and backyard barbecuer. Nor did the doctor need to say much about his outstanding new **Medicare Supplement Plan** from the Physicians' Benefits Trust. With his coverage picking up 100 percent of the Medicare-eligible hospital expense not covered by Medicare, the doctor wasn't about to tell Wilbur it was exclusively for physicians, nor was he going to tell Wilbur there were two other plan options available—each designed to provide quality protection at low cost group rates. "Yes, sir," the doctor replied, "You might say it's just what the doctors ordered."

If you're fishing around for a bargain, obtain all the ***Medicare Supplement*** *coverage you'll ever need from the Physicians' Benefits Trust. If you're approaching age 65 (or already are there or beyond), you owe it to yourself to check out this outstanding coverage.*

For information, call toll free: (800) 621-0748 or call: (312) 559-9130 or mail coupon:

☐ Please send information about the **Medicare Supplement Plan** from the Physicians' Benefits Trust.
☐ Also send information about the other PBT plans I have checked.

☐ Major Medical
☐ Excess Major Medical
☐ Hospital Indemnity
☐ Dental
☐ Long Term Disability
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____
Practice Name: _____
Street: _____
City/State/Zip: _____
Telephone: _____ ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Physicians gradually becoming comfortable with treating AIDS

by Janice Rosenberg

SINCE 1981, when a symptomatic description of the acquired immune deficiency syndrome (AIDS) virus first received national attention, physicians have been conflicted in their attitudes toward treating the disease.



Fear of contracting the virus and discomfort with treating those in high-risk groups, particularly homosexual men and IV drug users, initially caused many physicians in Illinois and throughout the country to avoid caring for AIDS patients.

"I remember a surgeon who didn't want to do a splenectomy [on an AIDS patient] even though it was probably a lifesaving therapy," says Robert Fliegelman, M.D., an infectious disease specialist at St. Francis Hospital and Health Center in Blue Island. "Luckily, there was another surgeon to step in."

Now armed with more information about how the disease is transmitted and how health care workers can protect themselves, physician reluctance to deal with the disease and its victims is abating.

"Physicians are more willing to treat AIDS patients now," Dr. Fliegelman adds. "There's a lot more data about the lack of transmission to health care workers. I sense less [concern] in my institution." It is now known that the AIDS virus is transmitted through contact with blood or body fluids. It is not transmitted through the air or through casual contact. "If the virus were easily transmitted, physicians all over the country would be dying from AIDS," notes Dr. Fliegelman. "Some have died, but most of them have had other risk factors."

There are several stages of a health care worker's response to HIV infection and the HIV-infected patient, according to Larry Von Behren, M.D., director of the Midwest AIDS Training and Education Center at the Southern Illinois University School of Medicine in Springfield. Dr. Von Behren credits San Francisco physician Constance Wofsy, M.D., with "put[ting] this in an outline form that we all knew – but didn't know."

Dr. Von Behren says that, according to Dr. Wofsy, the first stage of physician response is "avoidance. It's somebody else's problem. 'They have a problem in Chicago or on the coasts, but we down here, we don't have a problem.'"

The second stage is "demand for a risk-free environment. 'You can come and talk about AIDS, but you have to tell me there's no way I'm going to be infected if I see an HIV-infected patient.'"

Dr. Wofsy's third and final stage, Dr. Von Behren says, happens when, "One day the health care worker wakes up and says 'AIDS *is*.' Only when the health care worker gets to that point can he or she go back and re-listen to all the things they've been told over the years, but now actually have a sense that they need to hear."

For the most part, physicians' concerns about infection have disappeared over the past 20 years. "Scientific discoveries reduced the fear of contracting contagious diseases to a minimum," says Anthony Dekker, D.O., director of adolescent medicine at the Chicago Osteopathic Medical Center. "That [was] a boon to the profession. Now with AIDS, we need to be emotionally prepared to face that risk once again."

Not surprisingly, physicians whose specialties involve the use of needles and scalpels feel most at risk. "I often have difficulty referring patients to certain surgical specialties because surgeons don't want to do a biopsy," says Stephen Sokalski, D.O., chief of infectious disease at Christ Hospital and Medical Center in Oak Lawn. "While this has changed in the last four to five years, there are still a few physicians who refuse to become involved."

Negative attitudes toward lifestyles

Reluctance to treat AIDS patients may also result from physicians' negative attitudes toward the lifestyles of those in some high-risk groups. "Seeing that the risk is so low and the fear level is so high, it makes sense to me that there's something else going on," says David Blatt, M.D., co-director of the AIDS unit at Illinois Masonic Medical Center in Chicago. "That's where all the prejudices people have about gay persons and IV drug users come up."

Dr. Sokalski agrees. "I think many physicians have problems dealing with an intravenous drug user or a homosexual patient, whether the patient has AIDS or not. They have difficulty identifying with those individuals to the point where they're unable to be their physicians."

Other physicians, however, are less concerned about lifestyle issues. "That kind of prejudice really was the case in the beginning," says Dr. Fliegelman, "but it has become less so. The population groups have expanded. At St. Francis, we've seen several people who received the virus through blood transfusion. You can't pigeonhole patients so easily into the gay or drug-user populations."

Echoes Dr. Von Behren, "I'm finding that more and more we're having significant numbers, and especially younger physicians, in that 'AIDS is' stage. ... I find that even the more resistant primary care physician, when a patient in their own practice is found to have an HIV infection, may react quite dif-

(continued on page 13)

HIV testing video available





HIV Counseling and Testing: The Physician's Role, a 30-minute video with instruction manual, shows physicians how to approach patients about HIV testing and counseling. The video and manual, produced by the Illinois State Medical Society under a grant provided by the Illinois Department of Public Health, is available on loan to any Illinois physician or educational institution. For a copy, write the AIDS Activity Section, Illinois Department of Public Health, 525 W. Jefferson, Springfield, Ill. 62761, or call (217) 524-5983. ▲

CDC set to release new guidelines for HIV-infected health care workers

by Sean McMahan

THE CENTERS FOR Disease Control (CDC) in Atlanta is expected to release next month new guidelines for HIV-infected health care workers who perform invasive medical procedures. No final decisions have been made regarding the new recommendations, but they are expected to be more restrictive than existing guidelines, said Kent Taylor, a CDC press spokesman.

A panel of 75 medical consultants met in August to discuss guidelines to help reduce transmission of the HIV virus during invasive medical procedures. Among the items that have been discussed are mandatory blood testing for health care workers and the circumstances under which patients should be informed of the health status of HIV-positive care givers. Comments on the proposed guidelines are being reviewed before the results are published in the final document, Taylor added.

As of May 31, 1990, 5,300 U.S. health care workers were diagnosed with AIDS, including 588 physicians.

(Source: Centers for Disease Control)

"We wanted to be sure we were doing good science and protecting the public health," Taylor said. "It's a complex issue we felt we needed to look at."

Taylor said the meeting was prompted in part by a report in July of a Florida woman who alleged she contracted AIDS from her dentist three years ago. The dentist named in the case has since died. CDC investigators, however, said evidence was inconclusive that the patient received the virus from the dentist.

Around the time the Florida case was making national headlines, the *Journal of the American Medical Association* published the results of a study that suggested risk to patients from HIV-infected physicians was "most likely quite low." The study examined patients operated on by a Nashville, Tenn., general surgeon since he contracted the virus in 1982. Of 2,160 patients only one, an IV drug user, had AIDS, and that patient's medical history suggested he had AIDS at the time of surgery.

As of May 31, 5,300 health care workers nationwide, including 588 physicians, have been diagnosed with AIDS, the CDC spokesman said. In Illinois, 20 physicians, two of whom are surgeons, have been diagnosed with AIDS since reporting began in 1981, said Nancy Bringman, deputy chief of the Illinois Department of Public Health AIDS Activity Section. Occupational data is included in AIDS case reporting, which is assembled by state agencies and sent to the CDC. State and national statistics on HIV infection, however, do

Medical schools incorporating AIDS education into their existing curricula

by Sean McMahan

ILLINOIS MEDICAL schools are responding to the AIDS crisis by incorporating information about the disease throughout their curricula, and many concerned medical students are volunteering to teach junior high and high school students about the dangers of AIDS.

"We don't have a special course for AIDS or HIV infection," said John Phair, M.D., head of the Comprehensive AIDS Center at Northwestern University Medical School. AIDS information is presented in many classes, and the curriculum is constantly evolving. "One of our responsibilities is to attempt to make sure new information is incorporated into the curriculum when appropriate," Dr. Phair said.

At Northwestern and other medical schools, AIDS information is presented as part of such classes as microbiology, immunology, pathology and medical ethics. In their clerkship years, students receive firsthand experience treating AIDS patients in multiple programs. Senior-year elective courses that provide students with more in-depth instruction regarding the disease are also common. Lectures, conferences, clinical and psychosocial problems, and small-group activities are some of the methods used to complement traditional classroom and bedside instruction.

The Midwest AIDS Training and Education Center (MATEC) at the Southern Illinois University (SIU) School of Medicine in Springfield provides AIDS education to practicing health care workers, ensuring that health care professionals are adequately trained before they reach the graduate level, said Larry Von Behren, M.D., MATEC director.

"We have done the traditional integration, but we have tried as well to make some specific curricular changes dealing with specific issues that are not traditionally covered," he said. To address these special circumstances, Dr. Von Behren uses what he calls the "guerrilla warfare theory" to effect curriculum changes. The theory consists of identifying where in the curriculum new information needs to be introduced, who would be appropriate to present that information, implementing the plan and then informing the curriculum committee of the change after the fact. "It's been a very successful approach from our perspective," he concluded.

From talking with colleagues at other MATEC sites who have sought to change the curriculum through traditional methods, Dr. Von Behren said, "It takes the curriculum committee more years to get around to agreeing to give up set time in the curriculum than we would have left before the epidemic gets even further out of hand."

SIU is one of the few medical schools in the nation that routinely trains students to treat sexually transmitted diseases (STDs) separate from the core curriculum, Dr. Von Behren said. Junior students work with infectious disease faculty members and spend time at an STD clinic in Springfield as part of their internal medicine clerkship.

"As the state has combined the HIV risk factor screening into the mainstream of the public health [STD] clinic activities, that then has been mainstreamed into routine bedside exposure for students," he added.

At Loyola University's Stritch School of Medicine in Maywood, the curriculum is "evolutionary, not reactionary," said Terese Wronski, assistant dean of student and academic affairs. AIDS education at the medical school is probably more active than for any other infectious disease, she added.

The medical school's curriculum committee reviewed the content of its AIDS education a year and a half ago to determine the basic elements of AIDS education. It estimated that 30 hours in the first two years is devoted to AIDS education, Wronski said. Tracking AIDS education in the junior and senior years is difficult because lecturing is less formal.

"The curriculum committee went through [the curriculum] identifying objectives, and I have not seen that specifically for another health issue," Wronski said. "We're comfortable that we're covering what we should, but we also wonder whether we could be doing more."

Medical students show concern, compassion

These curriculum changes are hitting a responsive chord among many medical students, some of whom volunteer to speak to junior high and high school students about the disease. "We're all worried about [AIDS]," said Lisa Sundberg, a second-year medical student at The University of Health Sciences/The Chicago Medical School (CMS) and coordinator of the student AIDS-education group CMS CARES. Medical students have been "bombarded" by AIDS information, and the best thing they can do is educate others about the disease and its prevention. "The concern is there," she said. "We realize it's a deadly disease that's preventable."

"Students, in general, view AIDS as something that's part of their obligation as physicians to take care of," Dr. Phair said, based on his experience teaching medical ethics classes. "There is a healthy concern [however], since it's well known the disease can be transmitted through the health profession if one is not careful and does not take the appropriate precautions."

In some cases, medical students must overcome misconceptions and fears they have about the disease. "There are more of those irrational opinions in the preclinical years than in the clinical years," Dr. Von Behren said, and added that many of the concerns are voiced during theoretical discussions. He added that those concerns "really evaporate when the [student] gets to the bedside and starts dealing with the HIV-infected patient as a human being, as a patient in need of compassionate care." ▲



William Daniels/The Photo Partners

Beth O'Neil, (left), learns to assess patients' home care needs during a September seminar. Randy Tomlin, (right), of the Department of Rehabilitation Services, says home care is growing in popularity among AIDS patients and their physicians.

Newest AIDS care focuses on patient's home

by Tamara Strom

THE MOST RECENT revolution in health care delivery isn't taking place in hospitals, laboratories or on medical school campuses. It's happening in patients' homes. Many physicians are opting to treat AIDS patients at home, allowing them to avoid some of the rising costs of long-term care and offering them more say in how they manage their disease.

"Home care provides an opportunity for a health outcome we can't

(continued on page 10)

In Illinois, 18 M.D.s and two surgeons have been diagnosed with AIDS. Seventeen of the M.D.s had a risk factor of being homosexual or bisexual. The remaining three were in other risk groups – those with fewer than five reported cases.

(Source: Illinois Department of Public Health, as of Oct. 31, 1990)

not include occupational data.

AIDS reporting data on the 20 Illinois physicians diagnosed with the disease suggest that they were exposed to high-risk factors unrelated to their occupation, Bringman said. For example, 17 of the doctors were homosexual or bisexual. The remaining physicians were part of other risk groups – those with fewer than five reported cases.

The CDC's current guidelines for preventing the spread of HIV in health care settings were released in 1987. They include regarding all patients as possible carriers of the HIV virus; wearing gloves, gowns, masks and protective eyewear during activities that may result in contact with bodily fluids; and taking steps to avoid contamination by needles and other instruments. The CDC recommended that cases of HIV-infected health care workers be reviewed individually, a position supported by the American Hospital Association and other health care groups.

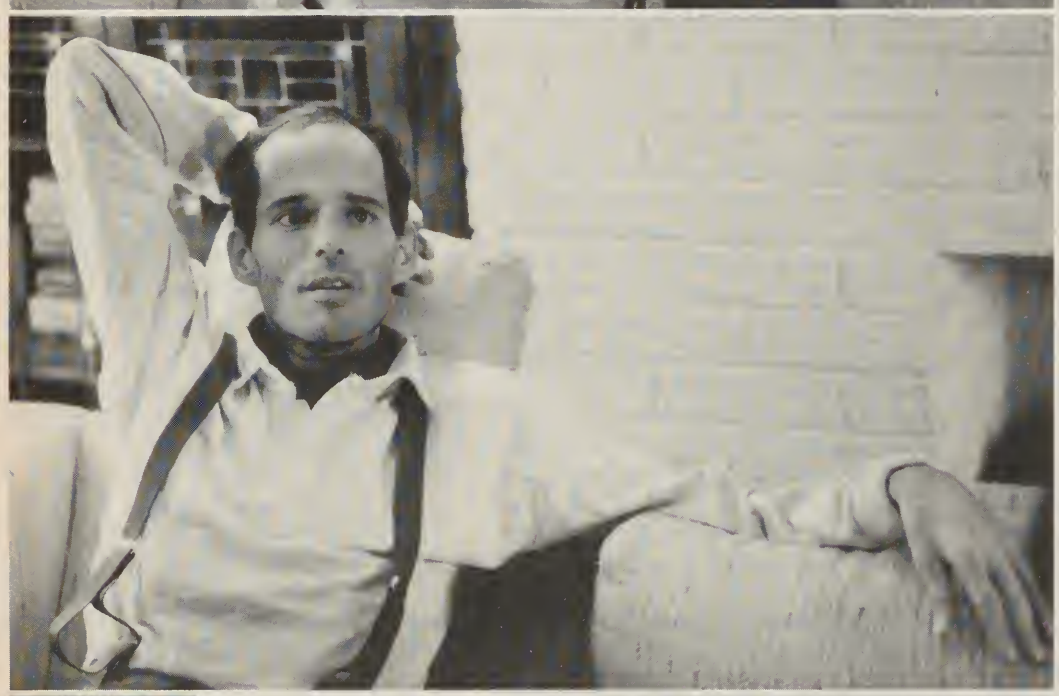
Illinois State Medical Society policy, adopted in 1987, states that physicians with HIV, AIDS or AIDS-related complex should not be restricted from practice, provided that CDC guidelines are followed and no threat exists to the health of the physician and the patient. It also states that a physician's HIV status is an integral part of the physician/patient relationship and should be handled at that level.

Since 1989, the American Medical Association (AMA) has conducted an annual review of the association's HIV policies. The latest report, presented the first week of December at the AMA's 1990 interim meeting in Orlando, Fla., reiterated the AMA's position that HIV-infected health care workers may continue working so long as they do not pose any risk of infection to patients.

The report calls on the AMA to continue encouraging health care workers who perform invasive procedures, and who have reason to suspect that they may be HIV-positive, to determine their serostatus and/or act as if their serostatus were positive. It also encourages HIV-infected health care workers who perform invasive procedures to request the formation of a hospital ad hoc committee to consider what activities the individual can continue without risk of infection to patients. The committee should include an infectious disease specialist familiar with HIV transmission risks, the hospital department chairman, a hospital administrator, the infected health care worker and the worker's physician.

As stated in a 1989 report to the AMA board of trustees, "An activity presents no identifiable risk of HIV transmission if there is no documented case of HIV transmission from that activity, or if an activity has resulted in less than one case of infection in 100,000 occurrences." ▲







A home care portrait

'I'm going to get

by Tamara Strom
photography by Wm. Daniels/The Photo Partners

CHRISTOPHER HICKEY'S third-floor apartment looks like many other Victorian flats on Chicago's North Side: hardwood floors, high ceilings, bookcases with leaded glass doors jammed full of hardback books from college, framed travel posters and a mishmash of furniture roommates have collected over the years. But setting Chris and his home apart are the IV stand in the living room, the bottles of medication covering the top of his dresser and the catheter in his arm.

Chris looks small sitting on the sofa in his darkened living room. "I used to run around like crazy," he said, but now he's too weak to get off the couch without help. He has lost at least 50 pounds since last Christmas. He talks about when "things will get back to normal" and he will be able to bring Ralph home and take care of him again. Until a few weeks ago, Chris was healthy and worked full time at home caring for his roommate, Ralph, who has AIDS. Chris was paid to care for Ralph by the Illinois Department of Rehabilitation Services (DORS) home care program.

Now Chris also has AIDS. So instead of being Ralph's care giver, Chris must let his mother take care of him. "It's particularly frustrating," he said. "Ralph should be here with me. I was able to believe that this [taking care of him] was my real job. And it's perfectly legit. And I had this sense that all was well. That I was doing exactly what I should be doing at this point in my life. Being with Ralph, caring for Ralph, enjoying him every day."

Chris has known he is HIV-positive for more than two years, but other than a few minor oral infections and a half-dozen bouts of night sweats, he experienced no debilitating effects from the disease until Oct. 13.

"That was my last good day," he said, staring at the framed poster of Hawaii Volcanoes National Park hanging on the wall. "I can see the orange of the volcano today and I can make out three lights in the room. Isn't that right? There is a third light on, isn't there? I've had this weird sight thing for three weeks."

At 7 a.m. on Oct. 13 he woke up feeling exhausted and hot. He made it from his bed to the couch, where he slept for the next 20 hours. "Then I felt great," he said. "I got up, I wrote a letter on the computer, put it in an envelope, paid some bills, drove to the mailbox and mailed them at six in the morning. Then I came back here and collapsed. The headache was starting." Chris was admitted to the hospital the next day with cryptococcal meningitis. Five days later "everything went gray," and he lost his sight. He also went deaf, but regained partial hearing after a week.

With Chris in the hospital, Ralph had to be admitted to Chicago House, a long-term care facility for people with AIDS. In February, Ralph suffered a "cerebral accident," Chris said, leaving him unable to speak coherently. "We thought it was just

AIDS home care

(continued from page 9)

duplicate in professional settings," said home care physician Allen Goldberg, M.D., of Chicago. "It's exciting for us as physicians; it's a new frontier."

As inpatients, people tend to "give up their lives to the doctors and nurses who are caring for them," said Joanne Schwartzberg, M.D., director of geriatric health at the American Medical Association (AMA) and medical director of Chicago Home Health Services. "As patients get better, it's not normal for them to be passive. They need to take more control. This is definitely the case with a chronic disease such as AIDS."

People with AIDS like home care because it is patient-oriented and more flexible, Dr. Schwartzberg said. "[Patient] demand has played a large role in the growth of home care," she said. "It's a question of these patients learning to live with [illnesses that are] chronic and acute at the same time."

Patients with AIDS, on average, live for about a year and a half after their diagnosis, Dr. Schwartzberg said, adding that the nation's inpatient health care facilities will become overburdened if all HIV-positive patients enter hospitals and nursing homes once they begin contracting AIDS-related illnesses. She added that hospitals are "less safe" for AIDS patients because of the threat of infection. Home care is a solution to both problems, she said.

"Of course, the physician must balance the risks and benefits of home care for each patient," she said. "But often with AIDS patients, the risks and benefits balance each other ... [and] then the patient should be at home."

Reimbursement for home care inadequate

Treating patients at home, though, "means you have to bring the physician to the patient and there are so many disincentives for that," Dr. Schwartzberg said. Medicaid reimbursements for home care – physician house calls in particular – are low and "irrational." Typical house call reimbursements for physicians under Medicaid Part B in Illinois range between $28 and $30, she said, while nurses are reimbursed on average $75 to $80 under Part A. "Because patients want [home care] and patients do better at home, physicians are willing to make some sacrifices, but it's hard."

To better address long-term care cost issues, Illinois is one of a handful of states that has secured a federal Medicaid waiver for its home care program. Administered through the state's Department of Rehabilitation

through this, get strong again.'

temporary, but no, it's been permanently gone," he said. "He's a linguistics teacher. [Losing his speech is] especially cruel. Take anything, take another sense."

At the very least, Ralph must remain at Chicago House until Chris recovers. "There's no way I'd be able to bring him home to take care of him here myself. Or even with another person helping, I couldn't even take care of myself," he said. Chris' mother, Anne, an innkeeper and former librarian from Hingham, Mass., has temporarily moved to Chicago and into Chris' apartment. "All my mom's time is now taking care of me. She'll stay here as many months or weeks as it takes."

Looking back, Chris said it became apparent over the summer that Ralph was unable to care for himself. A friend told them about the DORS home care program. Recently unemployed, Chris discovered he was eligible to become Ralph's personal assistant and be paid for taking care of him. After taxes, he earned $680 a month (six hours a day at minimum wage) from the home care program, doing Ralph's laundry, dressing and bathing him, cooking and shopping for him, dispensing his medications (10 pills in the morning, five pills at lunch and five more pills at night) paying his bills and managing his money.







Taking care of Ralph was not Chris' first experience as a care giver. When he was 18, he nursed his grandmother, who was dying of cancer. "He was wonderful with her," Anne said. "It was terribly difficult. He even had to give her morphine shots." Now as Chris' care giver, Anne has applied to become her son's personal aide through the same DORS program that had employed Chris.

He jokingly calls his mother his "slave" as she brings him a banana and a cup of chamomile tea. "We have a very special relationship. I'm one of her favorites, but don't tell the others," Chris said of his four brothers and sisters. "I'm very lucky to have this lady."

An hour later Anne holds a large bowl for him and wipes his brow as he vomits everything he ate during the morning. "He has trouble keeping anything down if he moves around at all," she said. His room has piles of clothes that are too big for him. Because of his difficulty retaining food, a home care nurse Nov. 9 began him on 12-hour parenteral feedings that Anne will monitor every day. She also connects his catheter to a four-hour antibiotic IV drip each afternoon and maintains a log on the wall above his dresser to help her keep his medications straight.

Weak from the onset of another headache, he stretches out on the couch to rest and recount stories of his days in New York City, "before there were things like AIDS." A companion of 11 years, his dog, Luna, jumps on the couch to nap next to him. She, too, is going blind and deaf.

Chris is hopeful he will regain enough strength to bring Ralph home and be a care giver again someday soon. "These days, recovery is almost always assured," he said of his cryptococcal meningitis. "I'm going to get right through this, get strong again. I'm surprisingly optimistic." ▲

Services (DORS), the Medicaid waiver will save $800,000 a year in home care costs. The state will be reimbursed for 50 percent of the care it provides, as long as it is less expensive than inpatient care, said Randy Tomlin, Medicaid coordinator in the DORS Home Services Program.

The program offers assistance to patients with their everyday needs beyond medical care – such as dressing, bathing, cooking and shopping – that might otherwise force them to live in an institutional setting, Tomlin said. As needed, registered nurses, home health aides, respiratory therapists, physical therapists and speech therapists visit the patient or keep in contact by phone. A family member or friend may be eligible to become the patient's paid personal assistant, he added.

Patients' needs are assessed by specially trained case managers in conjunction with home care nurses, he said, stressing that physician approval of the home care regimen is a prerequisite for program participation. Four case management agencies – in Granite City, Springfield, Decatur and Chicago – currently participate in the DORS home care program.

New roles for physicians

In addition to the financial obstacles, physicians may find it difficult to accept their modified role in home care, said Dr. Goldberg. "It's an entirely different mindset," he said. "We're going from a role where we're in charge to a role where we're collaborators. It's countercultural."

Dr. Goldberg said he doubts some of his colleagues would understand when he calls at-home care givers – family members, friends or other trained personal aides – and asks for their opinions. "We've trained [them], so we know [they] can make clinical judgments and decisions. I trust [their] instincts," he said.

Ethical dilemmas also are common for home care physicians, Dr. Schwartzberg said, because many patients want to try experimental therapies. "Do physicians go along with a patient's wishes, even if they disagree about the treatment?" she asked. "It's easier to say, 'You're going to lie in bed and you'll take this medication four times a day.' But that may not be what's best for the patient. This is where [physician] re-education comes in."

To help learn about treating chronically ill patients at home, physicians can consult AMA-prepared home care guidelines due in the next few months, Dr. Schwartzberg said. "Home care is the wave of the future," she said. "We have no other way of caring for [so many] people with chronic illnesses." ▲



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

AIDS Awareness Week

(continued from page 1)

The Centers for Disease Control declared Dec. 1 "World AIDS Day," which kicked off the week.

Cantor's original resolution, introduced by Robert Klem, Medical Student Section delegate to the 1990 annual meeting of the ISMS House of Delegates, called on the ISMS to annually sponsor a statewide "AIDS Awareness Week." The ISMS House adopted an amended resolution pledging support for a national event, sponsored by the AMA. The AMA, at its June annual meeting, adopted the resolution.

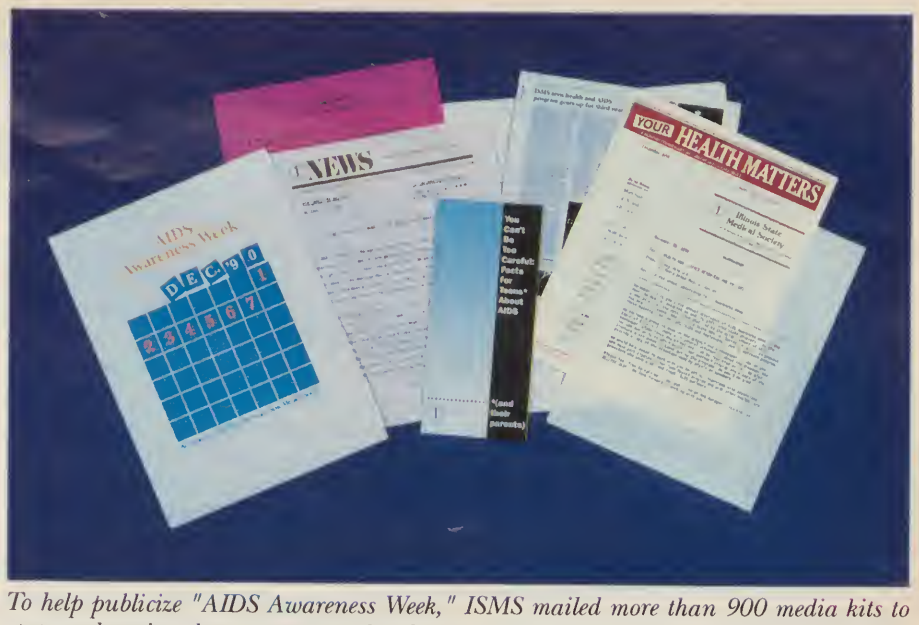
Cantor said the idea for a statewide "AIDS Awareness Week" began in the fall of 1988 when the University of Illinois Student Government Association initiated efforts with several campus groups to encourage AIDS awareness.

An initial success, the university campaign blossomed the next year into a series of planned activities that heightened further awareness of the disease. Activities included the distribution of condoms on campus, AIDS lectures and forums, making AIDS information available to students, a candlelight vigil, and performances of excerpts from a play on AIDS and HIV infection.

"Because the campaign was such a success on campus," said Cantor, "I decided to write a resolution so everyone in the state could observe it."

Late last month, ISMS distributed AIDS Awareness media kits to all television and radio stations, as well as daily and weekly newspapers throughout the state. The kit contained a press release on "AIDS Awareness Week"; "Your Health Matters," a health column on AIDS and HIV infection by Anthony Dekker, D.O., an adolescent medicine specialist at Chicago Osteopathic Medical Center; "You Can't Be Too Careful: Facts for Teens (and Their Parents) about AIDS," an ISMS AIDS brochure written especially for teens; and information on the ISMS Teen Health and AIDS Program. Physician speakers are also available to talk to the media about the importance of AIDS education.

Missy Flemming, program administrator for the youth HIV education project in the AMA office of HIV/AIDS, emphasized that because the public relies so heavily on the medical community, "We are in a unique position to assume a leadership role in moving public awareness of AIDS forward." ▲



To help publicize "AIDS Awareness Week," ISMS mailed more than 900 media kits to state and national newspapers and radio and television stations.

Physicians treating AIDS

(continued from page 8)

ferently. I get calls from physicians who say, 'Gosh, this is Joe. I've been taking care of Joe and his family for 20 or 30 years,'" he continues. "By and large, they want to do something because they have a personal physician-patient relationship. The patient means something to them."

Precautions necessary

Most physicians today will inevitably come into contact with AIDS and HIV-positive patients. Consequently,

> *"Given the numbers of HIV-positive patients, there's no way the infectious disease community alone can meet their needs."*

all physicians should be aware of the Centers for Disease Control (CDC) guidelines for preventing transmission of AIDS in the health care setting. (See related story on page 8.)

"I don't walk in to see a patient with a body suit on," says Charles Terzian, M.D., clinical instructor of medicine at the University of Illinois at Chicago. "But I always wear gloves if I'm going to give a shot or take some fluid from a joint. I might wear a mask. Even when I examine someone with a little cut or a bruise I put on gloves. Those are the CDC recommendations. If I treat every patient as if they are potentially HIV-positive, I don't run into any conflict."

All physicians should also determine whether their patients should be tested for HIV infection and, if testing is indicated, should provide pretest and post-test counseling where appropriate. "I make this a part of every work-up," says Dr. Terzian. "First, I ask whether they have received blood transfusions or if they have ever used intravenous drugs. Then I ask about sexuality. I feel very at ease talking to patients about that. If a patient resents it, I tell them it's part of my routine. 'I'm just trying to find out about you so that I can treat you better.'"

Rely on subspecialists for help

While there is not yet a cure for AIDS, Dr. Blatt emphasizes that the therapeutic situation is not hopeless. Studies have shown that patients who receive early intervention and aggressive treatment live longer and enjoy an improved quality of life.

When a patient tests positive for the HIV virus, Dr. Von Behren suggests that primary care physicians continue to care for AIDS patients while relying on a network of subspecialists for help in unfamiliar areas. "Given the numbers of HIV-positive patients, there's no way the infectious disease community alone can meet their needs," he says.

Physicians can also offer patients the option of referral to treatment centers. "Most of the referrals I see are legitimate," says Dr. Blatt. "They're from people who feel that it's hard to maintain competency about AIDS because it changes so quickly. If you have only two or three patients with AIDS, it's hard to have up-to-date information."

Despite reassurance from experts that patients can be treated safely, some physicians continue to turn their backs on AIDS patients. "The risk of infection is never going to be zero," says Dr. Fliegelman. "But doctors have traditionally faced risks in taking care of patients. I think it's part of our obligation as physicians to take on all patients, especially those who need us the most. Right now, those are the patients with AIDS." ▲

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

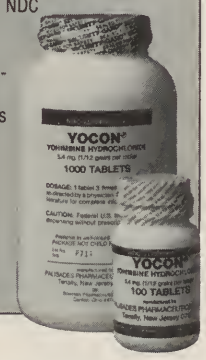
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

FROM THE ILLINOIS
NEWS
DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

MAY 1990

Nondisciplinary actions

The physician and surgeon license of Savitri S. Kadan, New Orleans, LA, was voluntarily surrendered for medical reasons.

Iraida Goldberg is to CEASE AND DESIST from further description of her position at Mount Sinai as being a licensed pathologist or of practicing as a pathologist in accordance with the Medical Practice Act of 1987, after she was holding herself out as a licensed physician and surgeon by using the term "assistant pathologist."

JUNE 1990

The osteopathic medical license of Clark Jones, Chicago, was reprimanded after he used the designation "M.D." following his name on medical bills, medical summaries and business cards.

The physician and surgeon license of Antonio Ramos, Chicago, was reprimanded and he was fined twenty five hundred dollars ($2,500) after he aided and abetted in the unlicensed practice of medicine.

The controlled substances license of Thomas E. Porter, Goreville, was placed on indefinite probation after he allegedly wrote an excessive number of triplicate prescriptions for Schedule III drugs.

The physician and surgeon license of Michael Sheade, Arlington Heights, was reprimanded and he was fined five hundred dollars ($500) after his controlled substances license expired September 1, 1982, and was not renewed until June 5, 1989, and he prescribed a controlled substance two or three times during that time period.

The physician and surgeon license of Calvin K. Williams, Chicago, was SUSPENDED for a minimum of two (2) years, followed by two (2) years probation and he is permanently prohibited from ever performing or assisting in the performance of pregnancy termination procedures after the Department filed a complaint alleging gross negligence; dishonorable, unethical, unprofessional conduct of a character likely to harm the public; abandonment of a patient; and incompetence to practice medicine.

The physician and surgeon license of Inno Obasi, Chicago, was REVOKED and he may not petition for restoration of his license for a minimum of five (5) years after a hearing revealed that he did acts which constituted gross negligence and incompetence to practice.

The physician and surgeon license of Michael L. Dillon, Waukegan, was SUSPENDED for a minimum of five (5) years after he failed to comply with the terms of a previous consent order.

The physician and surgeon license of Roman Walczynski, Niles, was placed on probation for eighteen (18) months and he was fined five thousand dollars ($5,000) after he allegedly employed persons to practice medicine who were not licensed to practice medicine in the State of Illinois.

The physician and surgeon license of Robert Galatzer-Levy, Chicago, was reprimanded and he was fined twenty five hundred dollars ($2,500) after he inadvertently practiced on a nonrenewed license from August 1, 1987 through November 1988.

The physician licenses of the following persons will not be renewed after they defaulted on their Illinois educational loans. The Department will continue to refuse renewal until such time as a satisfactory repayment schedule is established.
William F. Ashley, Jr., Oak Brook; David M. Bauwens, Vandalia; Terrold B. Butler, Chicago; Kehinde M. Ganiyu, Orland Park; Karen P. Goldstein, Chicago; Isabel Gomez, Chicago; John R. Haebich, Chicago; Martha F. Hernandez, Chicago; Kenneth W. Jones, Chicago; Lesly G. Lochard, New Lenox; William J. Moffett, Chicago; James M. Moss, Chicago; Ifeaanyi C. Obiakor, St. Louis, Missouri; Leslie S. Patmon, Chicago; Jonette S. Scott, Chicago; Frank J. Spano, Chicago.

Nondisciplinary actions

The physician and surgeon license of Roy M. Mendelsohn, St. Louis, MO, was voluntarily surrendered.

The physician and surgeon license of Albert O'Berto, Ottawa, was voluntarily surrendered after he decided to retire.

The controlled substances license of Annette Lotter, Chicago, was restored to good standing.

The application for permanent licensure as a physician and surgeon of Hosep H. Deyrmenjian, Skokie, was granted.

The physician and surgeon license of Babulal (Bipin) Thakrar, Peoria, was voluntarily surrendered.

JULY 1990

The physician and surgeon license of Norman Dean Hungness, Sheldon, was placed on probation for two (2) years after he allegedly dispensed and/or caused to be dispensed small amounts of controlled substances without proper verification to substantiate valid medical conditions for which the controlled substances would be appropriate.

The physician and surgeon license of Joseph Cichon, Streator, were SUSPENDED pending proceedings before the Medical Disciplinary Board of the State of Illinois after it was found that his actions constituted an immediate danger to the public.

The physician and surgeon license of Andrew I. Brill, San Carlos, CA, was issued and placed on probation for three (3) years.

The physician and surgeon license of Bruce G. Livingston, Hoffman Estates, was placed on probation until April 2, 1995, after he was convicted in U.S. District Court of mail fraud and making false statements in applications for payment of funds.

The physician and surgeon license of Hugo Hernando Muriel, Chicago, was reprimanded after he allegedly engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public by making physical contact of an insulting nature with an employee.

The physician and surgeon license of Roy W. Kenney, East St. Louis, was placed on probation for one (1) year and his controlled substances license was SUSPENDED, after he continued to write prescriptions for controlled substances when his controlled substance license was in a nonrenewed status.

Nondisciplinary actions

The physician and surgeon license of William I. Braunstein, West Allis, WI, was voluntarily surrendered.

The physician and surgeon license of Lesly G. Lochard, New Lenox, was restored with full rights and privileges.

AUGUST 1990

The physician and surgeon license of Ahad Afshar, Melrose Park, was restored and placed on probation for three years.

The physician and surgeon license of William Almon, Palatine, was placed on probation for one year after he resigned from his residency program in psychiatry at the Eisenhower Army Medical Center, Fort Gordon, Georgia, for unprofessional conduct with a patient.

The physician and surgeon license of Zarina Bandukwala, Park Ridge, was reprimanded for violating the terms of a prior consent order by not securing the Department's preapproval of her supervising physician at Edgewater Hospital.

The physician and surgeon license of Michael Beinor, Hillsboro, was restored and placed on probation for five years.

The application for temporary physician and surgeon license of Kevin Brader, Glenview, was approved and his temporary license was placed on probation for a minimum of three years.

The physician and surgeon license of Terrold B. Butler, Chicago, was renewed and placed on probation until he satisfactorily completes repayment of his education loan.

The physician and surgeon license of Anthony Camacho, Willowbrook, was ordered to remain revoked after he petitioned for restoration.

The physician and surgeon license of H.E. Galbreath, West Frankfort, was SUSPENDED indefinitely for a minimum of five years followed by five years of probation and his controlled substances license was SUSPENDED indefinitely for a minimum of six years after he engaged in dishonorable, unethical and unprofessional conduct; he violated established ethical principles of medicine; he failed to provide effective controls against the diversion of controlled substances; and he violated dispensing requirements and permitted the unauthorized delivery of controlled substances.

The physician and surgeon license of Amin Habib Gerges, Bayonne, NJ, was SUSPENDED indefinitely for a minimum of three years followed by a minimum of five years probation after it was discovered that his New York physician and surgeon license was suspended.

The physician and surgeon license of Emmanual C. Ikpoh, Bartlett, was SUSPENDED TEMPORARILY pending proceedings before the Medical Disciplinary Board of the State of Illinois after it was found that his actions constituted an immediate danger to the public. Mr. Ikpoh was convicted of the felony charge of aggravated sexual criminal abuse and stands charged by the Department of committing acts of unprofessional and immoral conduct of a sexual nature against two additional female patients.

The physician and surgeon license of Kenneth W. Jones, Jr., Chicago, was renewed and placed on probation until he satisfactorily completes repayment of his education loan.

The physician and surgeon license of Eugene M. Landrum, Springfield, was restored and his controlled substances license was restored and placed on probation for two years.

The physician and surgeon license of Kathleen A. McMahon, Cherokee, IA, was SUSPENDED indefinitely for a minimum of three years after she allegedly made a Felony plea of no lo contendre in the Court of Common Pleas of Allegheny County, Pennsylvania, Criminal Division to charges that she violated the Controlled Substances Act of 1972 and was sentenced to a five year probation.

The physician and surgeon license of Hosein Motamed, Chicago, was reprimanded and he was fined $1,500 after he allegedly charged excessive fees for his services to several of his patients and held those patients individually responsible when their insurance carriers refused to pay the entire amount.

The physician and surgeon license of Stanton G. Polin, Chicago, was placed on probation for 12 months after he had medical malpractice claims filed against him, and there were insurance settlements on those claims.

The physician and surgeon license of Jonette S. Scott, Chicago, was renewed and placed on probation until she satisfactorily completes repayment of her education loan. ▲

Great moments in Illinois medicine

A series of historical features celebrating ISMS' 150th anniversary

A life devoted to conquering racism in medicine

AT A MEETING of the Evanston Interracial Council in the early 1920s, the point was made that while the city had a hospital for dogs and cats, it had no facility for its African-American residents. The situation in Evanston was far from exceptional. Throughout the nation, African-Americans – both physicians and patients – were strictly banned from any hospitals used by whites, often even in dire emergencies.

But the North Shore African-American community had not been without a glimmer of hope. In 1914, two African-American doctors, Isabella Maude Garnett Butler, M.D., and her husband, Arthur D. Butler, M.D., moved into a cottage in their back yard and, with money from their private practice, turned the upper floor of their six-room house at 1918 Asbury Ave. into a health center for African-Americans.

It was an extraordinary step, but perhaps not surprising, given Isabella's personal history. Born in 1872, she was the first African-American to graduate from Evanston Township High School. After attending business school, she studied nursing at the Provident Hospital Nurses Training School.

"I took up nursing to work my way through school," she told a reporter in 1938. "But I knew I wanted to be a physician and have my own hospital someday."

When she received her M.D. degree in 1901 from the Physicians' and Surgeons' College (now the University of Illinois College of Medicine), she was one of three African-Americans in her graduating class, and one of the first black women physicians in the state. She initially opened a private practice on Chicago's South Side, moving back to Evanston after her marriage to Dr. Arthur Butler, a graduate of Northwestern Medical School.

The couple devoted themselves to caring for their community, but faced enormous obstacles without the resources of a hospital. The 14-bed facility they created, known as the Evanston Sanitarium, was the first, and for many years remained the only, hospital between Chicago and Milwaukee to which African-Americans were freely admitted.

When Dr. Arthur Butler died in 1924, Dr. Isabella Butler continued her work at the tiny institution the couple had founded, which was now renamed the Butler Memorial Sanitarium. But Evanston's African-American population was rapidly growing, and by 1928 the American Medical Association recommended that a hospital of at least 50 beds was necessary to serve the black community.

Realizing that the need for medical care far surpassed her resources, Dr. Butler worked with the Booker T. Washington Association of the Evanston Interracial Council to raise money for a new hospital. Enough money was raised to open a 28-bed hospital in 1930.

Originally planned as a temporary solution to the crisis, the building at 2026 Brown Ave. became the home of Community Hospital of Evanston for the next 22 years. While chronically underfunded and understaffed (its two doctors and six nurses often worked without pay during the Depression), the need for Community was never questioned.

Dr. Butler served as superintendent of Community Hospital until her retirement in 1945. That same year, a major campaign drive began to build a new home for the hospital. The 44-bed facility opened in 1952, pledging to admit all members of the community regardless of race.

Sadly, Dr. Butler did not live to see the last incarnation of the institution she had worked so tirelessly to create. Overwork and cardiac asthma took their toll, and she died on her birthday, Aug. 23, 1948. A 16-acre park adjacent to Community Hospital was dedicated in her honor in 1975. In 1980, the building was sold and converted to housing for disabled residents.

Editor's note: A special exhibit on the Community Hospital of Evanston is scheduled for display at the Evanston Historical Society in 1991. For more information call (708) 475-3410.



Evanston Historical Society

Isabella Maude Garnett Butler, M.D., dedicated herself to caring for African-Americans living on the North Shore.

For Your Patient Referral Needs

One Call Gets Us All
1-800-472-3660
or
Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex

MEDICAL COLLEGE OF WISCONSIN

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

***Agusti**
Manuel Agusti, M.D., of Danville, died October 5, 1990 at the age of 75. Dr. Agusti was a 1943 graduate of Facultad de Medicina de la Universidad de La Habana, Havana, Cuba.

****Burns**
Gordon T. Burns, M.D., of Rockford, died October 14, 1990 at the age of 81. Dr. Burns was a 1935 graduate of Rush Medical College, Chicago.

***Carlson**
Allen B. Carlson, M.D., of Brighton, died September 30, 1990 at the age of 51. Dr. Carlson was a 1963 graduate of the University of Illinois College of Medicine, Chicago.

****Monroe**
John W. Monroe, M.D., of Benton, died September 19, 1990 at the age of 79. Dr. Monroe was a 1936 graduate of St. Louis University School of Medicine, St. Louis, MO.

***Mucci**
Michele Mucci, M.D., of Alton, died September 6, 1990 at the age of 69. Dr. Mucci was a 1954 graduate of Facolta di Medicina e Chirurgia dell'Universita di Bologna, Bologna, Italy.

***Pleiss**
Philip H. Pleiss, M.D., of Wilmette, died October 25, 1990 at the age of 73. Dr. Pleiss was a 1943 graduate of Loyola University Stritch School of Medicine, Chicago.

***Richey**
Leo Richey, M.D., of Elgin, died September 6, 1990 at the age of 78. Dr. Richey was a 1942 graduate of Chicago Medical School.

****Rosenberg**
David H. Rosenberg, M.D., of Chicago, died September 25, 1990 at the age of 87. Dr. Rosenberg was a 1928 graduate of Johns Hopkins University School of Medicine, Baltimore, MD.

***Langstaff**
James H. Langstaff, M.D., of Fairbury, died September 27, 1990 at the age of 75. Dr. Langstaff was a 1943 graduate of Loyola University Stritch School of Medicine, Chicago.

****Sanfilippo**
G. James Sanfilippo, M.D., of Oak Brook, died July 22, 1990 at the age of 75. Dr. Sanfilippo was a 1939 graduate of Chicago Medical School.

****Schilsky**
John L. Schilsky, M.D., of Naples, FL (formerly of Springfield), died April 16, 1990 at the age of 84. Dr. Schilsky was a 1936 graduate of the University of Illinois College of Medicine, Chicago.

***Schmit**
Lawrence J. Schmit, M.D., of Elgin, died April 13, 1990 at the age of 56. Dr. Schmit was a 1959 graduate of Loyola University Stritch School of Medicine, Chicago.

****Scudieri**
Carmen Scudieri, M.D., of South Wilmington, died April 15, 1990 at the age of 82. Dr. Scudieri was a 1934 graduate of Chicago Medical School.

****Seid**
Benjamin Seid, M.D., of Chicago, died April 17, 1990 at the age of 84. Dr. Seid was a 1930 graduate of the University of Illinois College of Medicine, Chicago.

***Shimkus**
George Shimkus, M.D., of Aurora, died July 8, 1990 at the age of 67. Dr. Shimkus was a 1947 graduate of the University of Illinois College of Medicine, Chicago.

***Shoch**
David E. Shoch, M.D., of Glencoe, died May 8, 1990 at the age of 71. Dr. Shoch was a 1946 graduate of Northwestern University Medical School, Chicago.

****Sorosky**
Saul Sorosky, M.D., of Winnetka, died June 4, 1990 at the age of 76. Dr. Sorosky was a 1938 graduate of Loyola University Stritch School of Medicine, Chicago.

****Udesky**
Herbert L. Udesky, M.D., of Winnetka, died September 16, 1990 at the age of 79. Dr. Udesky was a 1937 graduate of the University of Illinois College of Medicine, Chicago.

***West**
James A. West, M.D. of Inverness, died October 11, 1990 at the age of 66. Dr. West was a 1954 graduate of the Medical College of Georgia School of Medicine, Augusta.

***Willens**
Samuel Willens, M.D., of Northbrook, died September 10, 1990 at the age of 72. Dr. Willens was a 1943 graduate of the University of Illinois College of Medicine, Chicago. ▲

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

PHYSICIANS

Come To Sunny Arizona

Enjoy the dual benefit of Tucson's ideal climate and being a part of one of the most respected group practices in the Southwest.

Our 50 physician multi-specialty group practice has been in Tucson since 1974. We are providers for HMOs and we are expanding our fee-for-service practice.

We are seeking to expand in the specialties of Internal Medicine, OB/GYN, Family Practice, and Pulmonary.

Salaries and benefits are competitive. Send resume with salary requirements to:

Neil West, M.D.
GHMA Medical Centers
P.O. Box 40550
Tucson, AZ 85717

Principals only—no phone calls please

Board Briefs

The Illinois State Medical Society (ISMS) board of trustees met Nov. 17 at the Hyatt Regency Oak Brook. Following are highlights of the board's actions:

ISMS hosts specialty and ethnic medical societies

The board hosted specialty and ethnic medical society presidents at an ISMS Invitational Forum Nov. 16 at the Hyatt Regency Oak Brook. An educational session on rate-setting, reserves, underwriting, claims and other financial issues of the medical society and the Illinois State Medical Inter-Insurance Exchange was held Nov. 17 for the ISMS, Illinois State Medical Insurance Service and Exchange boards.

AMA resolutions ratified

The board ratified an AMA resolution calling for the resignation of Richard Kusserow, Health and Human Services Department Inspector General, as well as one objecting to discriminatory policies against foreign medical graduates in the 1990 Omnibus Budget Reconciliation Act (OBRA-90). The board also directed that an OBRA-90 analysis be sent to all county medical societies.

Multi-year medical student dues

The board will encourage county medical societies to allow medical students to pay four years of AMA dues at a cost of $68 rather than $80.

Board comments on RBRVS

The board has asked the federal Health Care Financing Administration (HCFA) to consider carefully research and coding factors in its calculations for the model fee schedule for physicians' services, which begins implementation of the Resource-Based Relative Value Scale (RBRVS). The board commented in detail in a letter to HCFA Administrator Gail Wilensky.

ISMS prevents IDPA claim rejections

ISMS was able to prevent Illinois Department of Public Aid (IDPA) claim rejections by calling the department's attention to the fact that newly designed claim forms were inaccurately printed. IDPA agreed to a two-month delay in using the new form so it could be corrected.

ISMS to distribute HMO, PPO list

ISMS has prepared a list of HMOs and preferred provider organizations that will be distributed to county medical societies.

ISMS proposes review legislation

To protect patients, employers and providers, ISMS is working on proposed legislation that will regulate the quality of private review agents functioning in Illinois.

ISMS works to improve licensure

To improve the licensing process for residents, ISMS has recommended a number of actions that the Illinois Department of Professional Regulation should consider to improve turnaround time from application to licensure.

Notify authorities of stolen or lost prescription blanks

ISMS will attempt to amend the Illinois Controlled Substance License Act so that physicians will not need a license for every practice location. The Medical Legal Council asked the board to inform physicians, through *Illinois Medicine*, that when prescription pads or blanks, especially triplicate pads, are lost or stolen, the physician should inform local and state police, as well as the Illinois Department of Alcoholism and Substance Abuse. Physicians may be suspected of drug diversion or held accountable for missing drugs if they do not inform authorities.

ISMS video wins praise

"HIV Counseling and Testing: The Physician's Role," a video production of ISMS and the Illinois Department of Public Health, was praised for dealing with "health and medical issues that offers knowledge and compassion." The film helps physicians determine when to test and how to counsel patients about HIV infection and AIDS.

ISMS trains CME planners and surveyors

ISMS will again host its training programs for continuing medical education planners and accreditation site surveyors in 1991. The October 5, 1990, multi-track program drew nearly 100 participants.

ISMS Annual Meeting in April

ISMS will hold its annual meeting Friday through Sunday, April 12-14, 1991. March 12 is the deadline for submitting resolutions. ▲



PUT YOUR MEDICAL CAREER IN FLIGHT.

Discover the thrill of flying, the end of office overhead and the enjoyment of a general practice as an Air Force flight surgeon. Talk to an Air Force medical program manager about the tremendous benefits of being an Air Force medical officer:

- Quality lifestyle, quality practice
- 30 days vacation with pay per year
- Support of skilled professionals
- Non-contributing retirement plan if qualified

Discover how to take flight as an Air Force flight surgeon. Talk to the Air Force medical team today. Call

USAF HEALTH PROFESSIONS
TOLL FREE "STAT"
1-800-423-USAF

AIR FORCE

Treatment programs

(continued from page 2)

ground and base the treatment program solely on need," the mayor said.

Daley scoffed at suggestions that the privatization will sell out the patients and lead to patronage. "First of all, we are not selling anyone out," he said. "We're providing more service to the people of the city of Chicago at both north and south facilities for the first time. It's cheaper, but both Interventions and Gateway have great reputations. People have talked about this. This is an excellent program. We're going to expand it and provide more services."

Sister Sheila Lyne, CDOH deputy health commissioner for clinic reform, said former CATC employees will be transferred to other city health clinics where they can perform evaluations and make referrals to drug and alcohol treatment centers from the neighborhood health centers. Health department officials said they were "relieved" that the ordinance passed, and said they actually "thought [the vote] was going to be closer," Parker said. "But just like you'd say with a sporting event, it only matters who won," Sister Sheila added. "Now we can get down to business and address other issues."

One of those other issues is convincing protesting community groups to accept the proposed consolidation of the city's maternal/child health centers. Health department officials contend the consolidation will enable patients to receive more comprehensive services – including prenatal, obstetrical and pediatric care – at many of the city's clinics. The City Council Health Committee is now holding public hearings on the planned consolidations, which were among the final recommendations of the Chicago and Cook County Health Care Summit. ▲

JCAHO

(continued from page 1)

Common reasons hospitals do not comply

One of the predominant reasons hospitals are found to be not in compliance is inadequate surgical case review, Dr. O'Leary said. "Many hospitals fail to review adequately surgical cases in which no tissue is removed," he said. "Some hospitals view looking at cases without tissue removal as a nuisance; they don't think it's as important. That doesn't mean they're not looking at the appropriateness of the surgery." For example, an endoscopy does not yield tissue samples, he said, therefore hospital surgical reviewers may not review these cases with the same regularity they would a biopsy, coronary bypass or an organ transplant. He stressed that JCAHO standards require hospitals to review all surgical cases. Other areas where hospitals are having difficulty complying are in monitoring emergency services, anesthesia and special care units, Dr. O'Leary added.

Overall, the compliance difficulty hospitals are experiencing stems from their inability to monitor and evaluate problems, Dr. O'Leary said. "These problems stick out like a sore thumb; they're pervasive," he said, adding the problems relate more to inadequate management than to poor care. "Hospitals are having trouble learning how to convert the data they collect into useful information [allowing them] to take actions to correct the problems they find. The analytical tools necessary are just at a developmental stage for many hospitals."

For example, Dr. O'Leary said hospitals may not be analyzing mortality rates carefully enough. To illustrate, in hospitals with high mortality rates for coronary bypass patients, reviewers should determine whether real problems existed or if patients undergoing the bypass surgery were so ill that they had lowered chances for survival. "A common knee-jerk reaction from many hospitals is that their patients are sicker," he noted. "Well, not everyone's patients are sicker. How do they look at the reasons why [a patient died]?" Reviewers should examine drug reactions, the patients' lengths of stay in the recovery room, who performed the surgeries and whether these surgeons were operating too long and too often, Dr. O'Leary said. "[Hospitals] must explore the variables of treatment outcome and perform multivariate analysis, even though they may not know all the variables," he said. "This kind of sophistication is lacking."

Some rural hospitals having difficulty

The report also compares hospitals by region and size and looks at how urban hospitals stack up against hospitals in non-metropolitan areas, Dr. O'Leary said. According to earlier JCAHO data, small and rural hospitals were doing as well complying with commission standards as were their larger, urban counterparts, he said, but according to data in this report, this is no longer true. Smaller and rural hospitals are having difficulty meeting new compliance standards, he said. "They aren't falling apart, but their resource availability to comply is more constrained," he said, adding that it costs a hospital about $250,000 a year to comply with JCAHO standards. "It's not that the hospitals are backsliding, but those with resources will get there faster than [will] those with financial constraints."

Urban hospitals face unique problems as well, Dr. O'Leary said. Large city hospitals are delinquent in medical record-keeping and many have life safety code problems, he said. A growing number of city and county hospitals with financial constraints are unable to upgrade their aging physical plants as needed, he added.

Compliance areas where hospitals are doing well include nurse licensure, laboratory proficiency testing, nurse direction and staffing, and infection control, Dr. O'Leary said.

"Many of the standards where hospitals are having problems are new standards requirements," he said. "These are optimal achievable standards and it takes time to bring resources into play to comply." Over time, hospitals do comply, he said. "If you raise a crossbar, America's hospitals will rise to the occasion." ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Large south side practice is looking for energetic physicians to join a stable practice of twelve years. Looking for (1) family practitioner, (2) general practitioner, (3) pediatrician. Please respond in confidence to: P.O. Box 578, Chicago, IL 60617.

Medical surgical center seeking physicians to work part-time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 108, Des Plaines, IL 60016, or call 708/390-9300 or 708/390-0300.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin, 45-physician, multispecialty group is seeking an internist, a general (vascular) surgeon, a plastic surgeon, a rheumatologist, a pulmonologist, an OB/gyn, and an ophthalmologist. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Parkway, Beloit, WI 53511, or call 608/364-2200.

Otolaryngology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820; 217/351-1285.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Dermatology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Pediatrics—Brainerd, MN: Join 2 pediatricians in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Internal medicine—Brainerd, MN: Join 7 internists in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Cardiology: 70-doctor multispecialty group seeking third cardiologist to associate in excellent growing consultative practice, combining both invasive and non-invasive opportunities. Well equipped offices within a well staffed, modern hospital minutes from clinic; "state of the art" catheterization laboratory with digital angiography and full non-invasive cardiac lab. New ICU and CCU being built. Drawing area 400,000. Stimulating midwest Big 10 university community of 100,000 with cultural advantages. Ideal for family. Medical school teaching affiliation. Excellent initial guarantee and fringes with early associateship and subsequent income based exclusively on productivity. Send CV to Ronald H. Deering, M.D., 101 W. University, Champaign, IL 61820.

Cardiology. Be a part of a thriving invasive cardiology group practice located in southern Indiana. Affiliated with a 590-bed regional referral center. Competitive salary plus malpractice insurance and other physician perks. Send CV to Don Hoit, 11222 Tesson Ferry Rd., Suite 203, St. Louis, MO 63123 or call 1-800-336-3963.

Obstetricians/gynecologists—Illinois. Board certified or board eligible obstetricians and gynecologists wanted to join a 210 physician, multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801, or call collect at 217/337-3417.

Pediatricians—Illinois. Board certified or board eligible pediatricians needed to join 210 physician multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801; or call collect at 217/337-3417.

Radiologist. Position in large outpatient clinic. Facilities include fluoroscopy, tomography, mammography, diagnostic ultrasound, plus general radiology. No invasive procedures. This multispecialty group is located in the far western suburbs of Chicago in an area offering excellent schools, housing and recreational facilities. Excellent workload and hours compared to hospital setting, plus the ability to work with a quality group in a pleasant environment. Reply to Box 2180, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Cardiologist, BC/BE invasive/non-invasive to join five cardiologists in cardiology department of large multispecialty clinic in Chicago suburb. Active CV surgery and PTCA programs. Clinical, non-invasive and invasive skills required. Prefer knowledgeable, competent, skillful, personable individual. Exceptional salary and benefit package leading to early partnership. Send CV and details about your interest. Reply to Box 2179, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine and family practice physicians BC/BE. Exceptional opportunity to join our well established, very busy multispecialty clinic located in Milwaukee. Attractive and well equipped building including in-house laboratory, x-ray department, business department, etc. Excellent progressive hospitals, medical school, regional medical center. The greater Milwaukee area offers superb family environment, diverse cultural and recreational options. This is a unique, outstanding professional and personal opportunity! Please send CV or contact Jonathan Slomowitz, M.D., Mitchell Medical Center, 1672 S. 9th St., Milwaukee, WI 53204; 414/383-4700.

Family practitioner—Unique opportunity for a board certified/eligible family practitioner needed for a southern Illinois family-oriented community. Established practice already in operation. Hospital offering an excellent package to defray start up expenses. Practitioner becomes part of the clinical services department of the hospital which includes a surgeon, urologist, family practitioner, and a general practitioner and pulmonary disease specialist. Contact E.A. Helfrich, Administrator, Union County Hospital District, 517 N. Main, Anna, IL 62906; 618/833-4511.

Ophthalmologists, anesthesiologist: BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. BC/BE anesthesiologist: full-time M-F. Daytime hours. No call. JCAHO certified state licensed surgicenter. Excellent financial opportunity. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

General internist. Marshfield Clinic, a growing nationally recognized 350-physician comprehensive multispecialty group, seeks BC/BE general internists to join its 30-member section in Marshfield and regional centers in central and northern Wisconsin. We offer the qualified general internist a variety of locations and practice opportunities including: 1) Traditional general internal medicine practice; 2) Scheduled practice in immediate care or emergency care; 3) Focused practice in perioperative medical care, chemical dependency, geriatrics, or psychiatric unit medicine. Send CV to: David L. Draves, Director of Physician Recruitment, Marshfield Clinic, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Family practice, Chester: Busy group practice in physician-owned, free-standing facility with lab, x-ray and minor surgery equipment. Excellent support staff. Nearby hospital is financially sound and recently expanded. Just one hour from St. Louis attractions. Package includes guaranteed base salary, bonus incentive, paid professional liability insurance, fringe benefits and more. Contact Gerry Liebmann, HealthLine Physician Services, 1-800-443-3901.

Assistant medical director, urgent care center. Challenging opportunity available 1/1/91 for BC/BP family practice physician in established hospital satellite facility located in the SW Chicago suburbs. Malpractice insurance provided. Flexible scheduling, incentive compensation and individual benefit package. Please call or fax your curriculum vitae for immediate consideration to: Diane Temple, EMSCO Management Services, 907 N. Elm, Hinsdale, IL 60521; 708/654-0050, fax 708/654-2014.

Oshkosh, WI: Four BC internists seek fifth associate to join flourishing group practice. Supported by full service 236-bed medical center overlooking Lake Winnebago. Service population 300,000 within 30-mile radius. Top schools in the country plus third largest branch of the University of Wisconsin. Superb variety of housing including lakeside homes. Within easy access of major metropolitan areas. Generous first year compensation/benefit package, bonus, perks, interview and relocation expenses. Contact Amy Evitts, 1-800-759-3020, or send CV to Lowderman & Haney, 3939 Roswell Road NE, Suite 100, Marietta, GA 30062.

Chicago: full-time emergency medicine positions available in your choice of academic emergency departments contracted with Emergency Medical Associates of Illinois. Full-time physicians BC/BE in emergency medicine or BC/BE in a related specialty (with extensive ED experience) will receive a potential faculty appointment, superb compensation and benefits package, malpractice insurance with no tail, employee or independent contractor status, and continuity of working in one facility or diverse experience in emergency departments with volumes of 10,000-50,000. Part-time positions also available. Please contact Mable Terry 312/947-4569. Send your resume attention: Emergency Medicine, 5200 S. Ellis Ave., Chicago, IL 60615.

Opportunities available on Chicago's North Shore with a number of expanding, well-established practices affiliated with Highland Park Hospital. All positions offer competitive starting salaries with partnership potential. Physicians interested in providing quality care in modern, well-equipped offices are needed in internal medicine, family practice, obstetrics/gynecology, orthopedics, pediatrics and general surgery. For immediate confidential consideration, send CV to Karen Teitelbaum, Dir., Physician Relations, Highland Park Hospital, 718 Glenview Ave., Highland Park, IL 60035, or call 708/480-3840.

General psychiatrist. A BC/BE general psychiatrist is needed to join a 210-provider, private multispecialty group practice associated with the University of Illinois, College of Medicine. Psychiatric division has a 20-member multidisciplinary team with five psychiatrists. Practice includes a combination of inpatient, out-patient and consultative services. Competitive salary, liberal fringe benefits and early partnership; malpractice coverage provided. Write including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, 602 W. University Ave., Urbana, IL 61801; call collect 217/337-3417 or you may fax your CV to 217/337-3163.

Family practice—hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to respond to growing community demand. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangsness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

Boundary Waters canoe area and beautiful Lake Superior. Family practice opportunities in northeast Minnesota, northwest Wisconsin, and upper Michigan. Offering spectacular natural beauty, abundant recreational activities (including canoeing, fishing, alpine skiing and cross-country skiing) and competitive packages. Small rural practice and larger multispecialty group practice opportunities are available. Contact Susan Sowieja, Northern Lakes Health Care Consortium, 1017 E. First St., Duluth, MN 55805; 218/726-5587.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatrics and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/525-5643.

Hematology – oncology. Be a part of a thriving group practice located in southern Indiana. Affiliated with a 590-bed regional referral center. Competitive salary plus malpractice insurance and other physician perks. Send CV to Don Hoit, 11222 Tesson Ferry Rd., Suite 203, St. Louis, MO 63123, or call 1-800-336-3963.

Michigan City, IN—seeking full-time and part-time emergency physicians for 99-bed, low volume hospital emergency department within hours drive of Chicago. Excellent compensation, paid malpractice and full benefit package to full-time staff. Opportunity for advancement. Contact Emergency Consultants, Inc., 2240 S. Airport Rd., Room 20, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Joliet area.Thriving family practitioner looking for partner. Terms negotiable. Call 815/722-2525.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Internal medicine—Wisconsin Rapids; 11-physician group (all certified) adding fifth general internist; growing practice; modern hospital—8 bed ICU—excellent diagnostic services; competitive income, benefits; 40,000 metro population on Wisconsin River-central Wisconsin; quality family environment. Contact: Phil Kelbe, 1110 N. Third St., Suite 356, Milwaukee, WI 53203; 414/347-7841.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine/family practice physician needed to join an established, busy multispecialty clinic in southern Wisconsin. Academic affiliation. Clinic is located near many recreational facilities and two large cities. Contact: David B. Gattuso, M.D., 608/884-3417.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Practice wanted. Internist in DuPage County interested in acquiring a general medicine practice with good patient base in Downers Grove, Glen Ellyn, Hinsdale, Lisle, Lombard, Oak Brook Terrace, Villa Park or Wheaton. Write in confidence to Box 2186, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Active established primary care practice. Completely equipped, staffed and computerized. Excellent patient base. Will introduce. Chicago location. Call 312/346-3364.

Medical suite for rent: in high traffic, stable working community in Chicago area. Excellent demographics. Large modern suite with accessible parking. 312/238-6686.

Otolaryngology practice for sale. Solo practitioner retiring. Over 30 years in practice. Growing community 40 miles west of Chicago. Contact Mr. Hoffman, 708/696-0220 for details.

Joliet area. Professional office space available. Ideal for medical/dental office. Call 815/722-2525.

For sale. Two examination tables, EK-8 EKG machine and many small items. Call 812/299-8811.

***Clinical Obstetrics & Gynecology*. 25 years com**plete. March 1958 to December 1982. $2,500.00 or best offer. Vernon Dennis, 5408 N. Bernard, Chicago, IL 60625. 312/588-4455.

For sale: three years old, modern, fast-growing primary care practice in Chicago west suburbs. Suitable for family practice or pediatrics. Reply to Box 2184, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Medical equipment for sale. New and used exam tables, EKG machines, ultrasound (OB-GYN-cardiac), stress testing, monitoring, electrosurgical, spirometry, doppler, culposcopes, holter, ambulatory blood pressure and laboratory. Please call Robert Shapiro at 312/588-8111.

Fully furnished medical suites. Available for lease or sublease in newly decorated building. Skokie/border Lincolnwood. Five exam rooms. Call 708/675-6700.

May 1st, 1991. Sub-let 950 feet, furnished medical office: three examining rooms, bathroom, lab or consulting area or business office, and reception room. Excellent demographics—large parking area. 708/866-8677 (Evanston location).

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Custom computer graphic slides. For your next lecture, let us design your slides. As specialists in the medical photography field, we are experts in design, color, details, and backgrounds. Pick up and delivery available. Unbeatable prices. For information and sample slides call Phil, 312/508-0811.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE

707 South Wood Street
Chicago, IL 60612

ACCME Accredited

February — April, 1991

- ☐ Review Course in Neurological Surgery
  February 1 - 10, 1991
- ☐ Clinical Psychiatry: A Comprehensive Review for Practicing Psychiatrists
  February 11 - 15, 1991
- ☐ The Biologic Basis of Neurology and Psychiatry: A Review for Board Candidates and Established Practitioners
  February 18 - 22, 1991
- ☐ Specialty Review in General Surgery, Part II
  February 18 - 25, 1991
- ☐ Advances in Geriatrics, 1991
  February 25 - 27, 1991
- ☐ Advances in Pediatrics, 1991
  March 4 - 8, 1991
- ☐ Advances in Family Medicine, 1991
  March 4 - 8, 1991
- ☐ High-Risk Obstetrics
  March 7 - 9, 1991
- ☐ General Surgery Update: 1991 (Sea Island, Georgia)
  March 18 - 21, 1991
- ☐ Fiberoptic Colonoscopy
  March 20 - 22, 1991
- ☐ Fiberoptic Esophagogastric Endoscopy
  March 25 - 27, 1991
- ☐ Advances in Emergency Medicine, 1991
  April 15 - 17, 1991
- ☐ Specialty Review in Urology
  April 15 - 20, 1991
- ☐ Modern Trauma Management: The First 24 Hours
  April 18 - 20, 1991
- ☐ Pediatric Allergy and Respiratory Disease: Advances and Management
  April 29 - May 1, 1991
- ☐ Advances in Surgery, 1991
  April 29 - May 3, 1991

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____

Address _____

City _____

State _____ **Zip** _____

Call toll-free today!

1-800-621-4651

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

FOR A QUALITY

DĒFENSE

THE EXCHANGE BUILDS

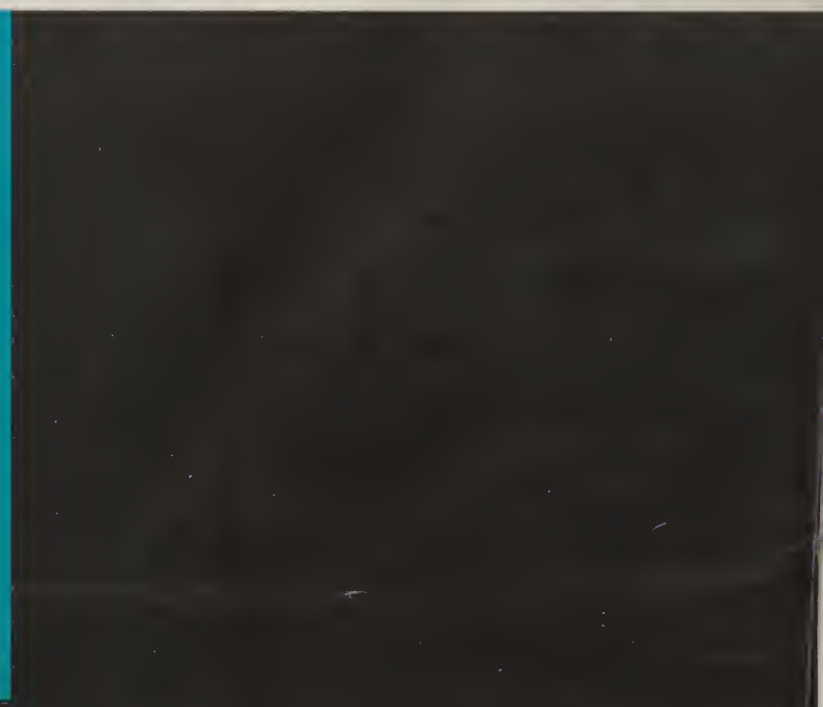
A STRONG DEFENSE TEAM

WITH THE

PHYSICIAN DEFENDANT,

DEFENSE COUNSEL

AND EXCHANGE STAFF.



We know your professional reputation is at stake. You can count on the Exchange for superior advocacy service.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians since 1976.

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

#1 IL417L
V.2 NO.26 1990
C.01--------SRD: 520063601
TI: ILLINOIS MEDICINE

Illinois Medicine

December 21, 1990

ILLINOIS STATE MEDICAL SOCIETY

1990 year in review . . . 8



Happy Holidays

Your next issue of Illinois Medicine will arrive by January 18, 1991. Until then, the staff wishes each and every one of you a joyous holiday season and bountiful New Year.

Interim director appointed at Cook County Hospital

Facility faces accreditation loss

by Tamara Strom

AFTER ONLY FOUR days in office, Cook County Board President Richard Phelan took action Dec. 6 to save the county's ailing hospital from losing its Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation. Phelan appointed Ruth M. Rothstein, president and chief executive officer of Mt. Sinai Hospital Medical Center on Chicago's West Side, as interim director of Cook County Hospital for six months and charged her with putting the hospital on the road to recovery.

"After a great deal of arm-twisting on my part, and on the part of my arm-twisting Mt. Sinai hospital," Rothstein has agreed to become the director of Cook County Hospital on an interim basis, Phelan said. "Ruth Rothstein has an established reputation in this community, in the state and the national community as an outstanding administrator and I'm very, very proud to welcome her aboard."



Ruth Rothstein

When asked why she would want to leave one of the few successful private urban hospitals to go to "St.

(continued on page 13)

Chiropractors win final round in lawsuit against AMA

by Tamara Strom

BY REFUSING TO hear the American Medical Association's (AMA) request for an appeal in the 14-year court battle between the AMA and four Chicago chiropractors, the U.S. Supreme Court let stand a lower court ruling that the AMA conspired "to contain and eliminate chiropractic as a profession." Physicians can refer patients to and accept referrals from licensed chiropractors whenever they believe to do so is in a patient's best interest, the AMA said.

The AMA was "disappointed, but not surprised," by the Supreme Court's denial to hear the case, said AMA General Counsel Kirk Johnson. "We still believe that the lower courts erred in their decision; however, their decision[s] do not call for the AMA to change any policies," he said. "The lower court found AMA's policy for the past 10 years regarding professional interaction between physicians and chiropractors lawful. The court's decision did not endorse chiropractic. No damages were awarded. Therefore, the decision will have little impact on patients and their physicians."

"There is no barrier between licensed practitioners," said an AMA spokesman. "Physicians must make the decision [to refer or accept referrals] by whatever is in the best interest of the patient."

In denying the AMA a writ of *certiorari* (an action asking the Supreme Court to hear the case), the high court let stand a 1987 U.S. District Court ruling by Judge Susan Getzendanner that the AMA, in violation of the Sherman Antitrust Act, conspired to carry out a boycott of

(continued on page 14)



The Chicago Department of Health measles immunization program was among several Illinois programs to receive awards from the U.S. Department of Health and Human Services recognizing outstanding health promotion efforts. Chicago Deputy Health Commissioner Virginia Parker (left) receives the award plaque from Illinois Department of Public Health Acting Director John R. Lumpkin, M.D., during a Dec. 5 ceremony in Chicago. ▲

Wm. Daniels/The Photo Partners

AMA House of Delegates adopts Illinois resolutions

DURING the American Medical Association's (AMA) interim meeting held the first week in December, the House of Delegates adopted two Illinois-sponsored resolutions. The first calls for the AMA to take action against implementation of the section of the Omnibus Budget Reconciliation Act of 1990 (OBRA-90) pertaining to Medicaid reimbursement of foreign medical graduates (FMGs).

According to the resolution, the OBRA-90 provision sets licensing requirements of FMGs that are "discriminatory, unfair and deprecatory to the many contributions made to the practice of medicine by foreign medical graduates."

The second successful Illinois-based resolution calls for the AMA to continue seeking the resignation or dismissal of Richard Kusserow, inspector general for the U.S. Department of Health and Human Services. Kusserow, the resolution states, is not perceived as "unbiased, fair and committed to the appropriate treatment of practitioners and institutions."

Also, he has "consistently failed to extend the most basic protections to physicians accused of misconduct without the threat of a lawsuit," the resolution states. ▲

In this issue

AMA reviews AIDS policy . . . 2
IDPA unveils MediPlan card . . . 2
Senate fails to override Medicaid reductions . . . 3
Letters to the editor . . . 5
Case in point examines pneumonia claims . . . 6
OBRA-90 highlights . . . 10
Great moments in Illinois medicine . . . 11

1210 IM
NATIONAL LIBRARY OF MEDICINE
TSD - SERIALS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

AMA reviews policies on HIV infection and AIDS

by Tamara Strom

THE AMERICAN Medical Association (AMA) is changing the way it views AIDS. At the group's interim meeting, held during AIDS Awareness Week, Dec. 1-7, the House of Delegates voted to reclassify HIV infection and AIDS as both sexually transmitted diseases (STD) and communicable diseases, making it possible for public health officials to handle them more routinely. Previous AMA policy classified AIDS as only a communicable disease.

The policy change allows AIDS to be subject to the same public health measures used to successfully control other STDs and brings AMA policy in line with Illinois' classification of AIDS. In many states, including Illinois, these measures include automatic reporting procedures, such as contact tracing or partner notification. Since May 1988, Illinois physicians have been required to follow the reporting procedures outlined in the state's Sexual Transmission Disease Code. The code requires physicians to report all AIDS patients by name to their local health department. Cases of HIV infection also must be reported, but the patient's name is not used, said Thomas J. Schafer, Illinois Department of Public Health spokesman.

The reclassification, coupled with an AMA recommendation that HIV-seropositive status also be reportable, is sending ripples of concern through Illinois' AIDS advocacy community, even though the AMA stresses that "strict confidentiality must be maintained." AMA policy is not legally binding, but lawmakers often look to AMA recommendations and policy statements for guidance in crafting health care legislation.

"The change concerns us," said Judith Johns, executive director of the Howard Brown Memorial Clinic, a health center on Chicago's North Side that specializes in treating AIDS, HIV-infected and STD patients. "AIDS is an STD. You can't say that it isn't transmitted sexually. I would never recommend that we ignore the sexual component. It's just that this disease has so many components, I think we need to look at all the angles of transmission with equal force, particularly when the trend seems to be shifting to intravenous transmission. I don't think one aspect should be emphasized over another."

The change was effected after heated debate in the AMA's Reference Committee on Constitution and Bylaws and in the House of Delegates, said Oscar W. Clarke, M.D., vice chairman of the AMA Council on Ethical and Judicial Affairs.

"There are plenty of people out there who think this disease has been politicized and that the medical profession is treating AIDS differently because of the politics," Dr. Clarke said.

And although the AMA only altered one policy on AIDS and HIV



Oscar Clarke, M.D., does not see testing "everybody who walks through the door."

infection, several more resolutions that were considered and referred for further study have health care providers keeping watch. Currently, AMA guidelines state that no patient should be tested for HIV without informed consent. But a resolution referred back to the board of trustees for study would encourage the AMA to develop model legislation allowing, at the physician's discretion, unrestricted diagnostic testing of patients suspected of HIV infection. Another resolution, also referred for study, encourages development of model legislation permitting universal preoperative HIV testing and communication of the test results to all health care workers who have contact with the patient, while maintaining confidentiality.

With the relaxed reporting criteria, some question whether confidentiality can truly be maintained. Dr. Clarke stressed, however, that the crux of any reporting policies must be confidentiality. Without anonymity, he said, patients could be scared away from seeking the care they need to prolong the onset of AIDS-related diseases. "And that would be a double pity," he said. "Not only would these people be facing a fatal disease, but there are things we can do to slow it down and patients should have easy access to [these therapies]. We don't want them to be afraid to come in."

Dr. Clarke warned, though, that, "There's no magic in how you can maintain confidentiality." And that is what health care providers specializing in AIDS care fear.

"As long as there is the widespread discrimination against people who have AIDS, they need to have extra protection in the areas of confidentiality and anonymity," Johns said.

Andrew Deppe, director of public affairs for the AIDS Foundation of Chicago, agreed, saying, "There is discrimination against people with AIDS despite the enactment of the Americans With Disabilities Act. Losing anonymity may scare people away from getting preventive care and early intervention. I'm leery about a side effect of more routine reporting being scaring people away from counseling and primary care."

AIDS patients health care providers most need to reach are those "on the fringe – the Medicaid patients going to Cook County Hospital," Deppe said. "If we don't encourage these people into the system early, they will end up burdening the system more because there will be more people at risk who are not receiving care and who are waiting until they are very sick. Then they end up in the emergency room. They're not taking the therapies to keep them well longer."

AIDS becoming a civil rights issue

Anthony Dekker, D.O., who treats more than 100 HIV-positive patients in his Chicago practice, said less restrictive reporting practices would have a positive effect on tracking AIDS epidemiologically. But he, too, is concerned about the possible fallout. "There's no doubt that the more data we have on this disease, the better we'll be able to fight it," he said. "The sad reflection on our society is the social stigma people

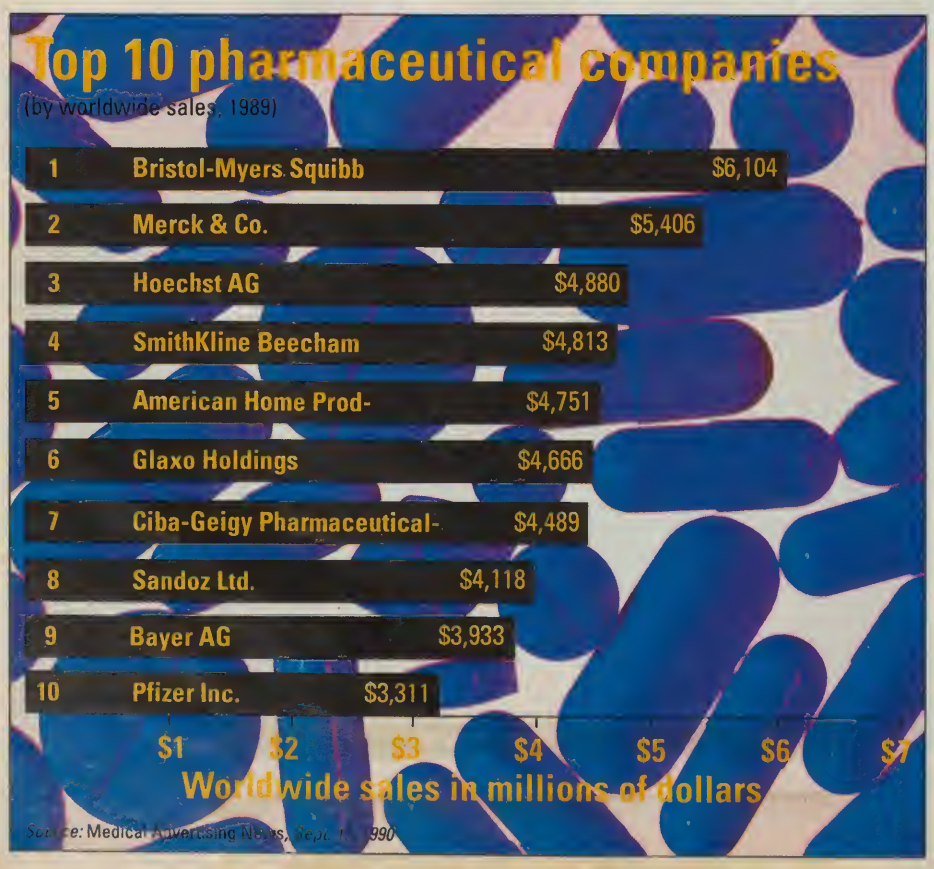
(continued on page 13)

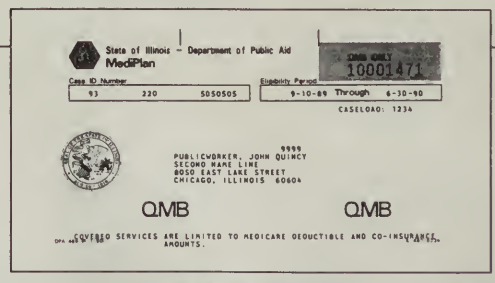
Corrections and clarifications

The story on patient home care, "Newest AIDS Care Focuses on Patient's Home," in the Dec. 7 issue, said that *Medicaid* paid for physician house calls and nursing patient home care. Actually, Chicago-area physicians receive between $28 and $30 for house calls under Medicare Part B, while nurses on average receive $75 to $80 under Medicare Part A.

Lisa Kim's byline on the article "Illinois Resolution Leads to AIDS Awareness Week" in the Dec. 7 issue was inadvertently dropped. We regret the omission. ▲

Physician Facts





IDPH unveils MediPlan card

THE ILLINOIS Department of Public Aid (IDPA) is introducing this month the MediPlan card, which replaces the Medicaid eligibility cards commonly known as "green cards." The MediPlan cards are white with the Illinois state seal printed in blue and are designed to more clearly identify qualified Medicaid beneficiaries. Information on the MediPlan card will be the same as that on the current cards, with the front of the card listing specific programs for which the card holder is eligible. Program restrictions are also noted. The MediPlan card becomes effective in January. During the phase-in period, both cards will be valid. Bill processors should check all cards to ensure that the card is valid and the recipient is eligible for coverage. Cards should also be reviewed for any applicable restrictions. Informational notices and replacement pages for provider handbooks were mailed to physicians the second week in December. For additional information about the MediPlan card, call the IDPA Bureau of Comprehensive Health Services, (217) 782-5565. ▲

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1990 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription $12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. $19.00 per year for all foreign countries included in the Universal Postal Union. Canada: $12.50. U.S. current single copies available at $1.00 ($1.25 by mail), back issues $1.50.

Officials predict hospital crisis after Senate fails to override Medicaid reductions

by Sean McMahan
and Tamara Strom

THE ILLINOIS Senate Nov. 29 fell two votes short of the simple majority needed to override Gov. James R. Thompson's $56.2 million reduction in the proposed fiscal 1991 Medicaid budget. Attempts to restore other health care appropriations were abandoned after the Senate vote.

Legislators and health care officials who sought to restore the governor's line-item cuts predict serious consequences for Illinois health care, including the possibility of a lengthened Medicaid reimbursement cycle. Illinois Department of Public Aid (IDPA) officials place the current reimbursement cycle at 38 to 41 days, while Illinois Hospital Association (IHA) officials say the figure is between 45 and 50 days.

Sen. Howard Carroll (D-Chicago) said after the Senate vote, "There truly could be a health care crisis" in Illinois over the next 12 months, partly from a lack of funds but also because of a failure of the state to pay its bills on time. Earlier in the veto session, the Illinois House had overwhelmingly overridden the governor's line-item reductions for hospital payments, physicians' services and long-term care.

Complicating the state's ability to pay its bills is a state general revenue fund balance that has "dipped perilously low," a spokesman for the Illinois comptroller's office said Dec. 10. The $70 million November balance in the revenue fund was the lowest since November 1988, and the spokesman added that officials become concerned any time the balance falls below $200 million.

Bills due in November totaling more than $170 million were held up, including $50 million for medical assistance, he said.

Hospitals "in peril"

Adrienne Levatino, IHA vice president, said the Senate vote "puts hospitals in peril. It's really sad that the last action by the governor and the Senate this year on health care could be the last nail in the coffin for many hospitals."

The IHA, which lobbied vigorously for the override, and three Illinois hospitals have filed suit in U.S. District Court against the state and federal government agencies monitoring Medicaid programs. The suit claims that Illinois Medicaid payments are inadequate and unreasonable under federal standards.

The governor himself lobbied to retain the cuts, and Levatino said his presence on the Senate floor made the final vote no surprise.

"Republicans, almost to a man, except for [Sen. Robert M.] Raica, who stood so tall with us, really were viewing this vote as a loyalty issue to their governor and party leader," she said.

Raica, a Chicago Fire Department paramedic, said he agrees with the majority of Senate Republicans who feel that Gov.-elect Jim Edgar should not be saddled with funding problems when he takes office in January. Nevertheless, he said, when the General Assembly passed the state budget in June, the money for Medicaid was there, but Thompson chose to veto the appropriations for hospitals and physicians and spend the money in other places. "Thompson chose his priorities wrong," Raica said, by putting health care "at a lower priority."

Reimbursements already falling short

Only halfway through the fiscal year, the state is already dramatically slowing down reimbursements to hospitals, Levatino said. For example, she said, one Chicago hospital has yet to be reimbursed for October claims, and another has been awaiting payment more than 75 days.

Although utilization is up this year, Levatino said, "It's too early in the year for hospitals to have already exceeded the number of Medicaid days they contracted for," so hospitals are not submitting reimbursement claims for inordinately high numbers of patients. Hospitals usually do not exceed their number of contracted Medicaid patient days until spring, she said.

Levatino said she believes the state has the money to reimburse hospitals. And although the state has a cash flow problem, she said the state's problem should be eradicated by raising revenues or cutting costs. "You don't do it on the backs of hospitals that have an obligation to provide health care to those in need."

IDPA spokesman Dean Schott said approved Medicaid bills are being forwarded to the state comptroller's office, but processing is affected by the lack of state funds. In extreme cases, the department can seek expedited payments, which arrive in about 14 to 17 days.

Rural health funding fails

Meanwhile, Sen. James Rea (D-Christopher), failed in his attempt to obtain $8 million in start-up funds for a state rural health program that passed the General Assembly in June without funding provisions. ▲

Caryl Carstens contributed to this report.

Blue Cross® Blue Shield®

REPORT FOR *Illinois Physicians*

NEW EMC OPTION

Blue Cross and Blue Shield of Illinois (BCBSI) and Medicare "B" just introduced a new method for Electronic Media Claims (EMC) submission. BCBSI and Medicare "B" providers can now submit electronic claims through the Electronic Bulletin Board System.

The Bulletin Board System was designed for practices that have a personal computer, modem and claim entry software. With the Bulletin Board, claims entered on the providers' or suppliers' computers are transmitted electronically via telephone lines to the BCBSI computer. When the transmission is completed, the provider immediately receives an acknowledgement message.

In addition, providers can retrieve Bulletin Board reports of claims with errors. Future Bulletin Board enhancements will allow electronic Blue Shield membership verification, electronic correspondence and electronic remittance information.

The Bulletin Board is free to BCBSI and Medicare "B" providers. The equipment required to use it consists of:

1. Personal Computer
2. Claims Entry Software
3. Modem
4. Communications Software

Information about the Electronic Bulletin Board can be obtained from the EMC Hotline at (312) 938-7697.

CLAIMS ENTRY SOFTWARE - "PROCESS"

Blue Cross and Blue Shield of Illinois (BCBSI) has developed claims entry software for use by providers/suppliers who have a personal computer but no claims submission capability. "Process" software will allow providers/suppliers to submit claims electronically. This software will be provided at no cost. This is only one of a number of software packages that may be used with the Bulletin Board System. Information about "Process" software can be obtained from the EMC Hotline at (312) 938-7697.

TOLL FREE NUMBER FOR MEDICARE "B" EMC SUBMITTERS

A toll-free number dedicated solely to the EMC submitters has been installed in the Medicare "B" claims processing office in Marion, Illinois. The number is:

1-800-535-6146

The number can only be used by EMC submitters to obtain claim status, payment information and for other general inquiries.

(This report is a service to the physicians of Illinois)
12/21/90

Editorials

A seasonal sentiment for the readers of *Illinois Medicine*

'Twas the night before Christmas
at *Illinois Med*
and the December copy
was all put to bed.

The photos were captioned
and stories were written;
the ads in their spaces
were happily sittin'.

The editors slumbered,
dreaming of headlines,
obits and disciplines,
typos and deadlines.

While Mendota was printing
the issue with care,
memories of stories
of '90 were there:

The Summit and Sammons
and trauma and data banks;
Walter Jacobson providing
no reason to give thanks.

Tuscola and measles
provide editorial fuel;
so do chiropractors, vetoes
and license renewal.

Midwives and Medicare,
Drs. Seward and Ring,
columns of copy like
reindeer would spring.

Now Wilkins, now Edgar,
now Thompson and Madigan!
On Kusserow, on Ragsdale,
on Daley and Sullivan!

Don't forget Corboy
or Turnock or ISMIE.
We remember them all
and look forward to January.

We resolve to serve well
all the doctors in sight.
Season's Greetings to all!
And to all a good night.

Editor's note: Traditionally, editorials are unsigned. It is also editorial tradition, however, to acknowledge contributors from outside the staff whose talent, wit and good nature inspire us all. Take a bow, Edward J. Fesco, M.D. ▲

Illinois Medicine

VOLUME 2, NUMBER 26 **DECEMBER 21, 1990**

Illinois Medicine **is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.**

©Copyright 1990 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*

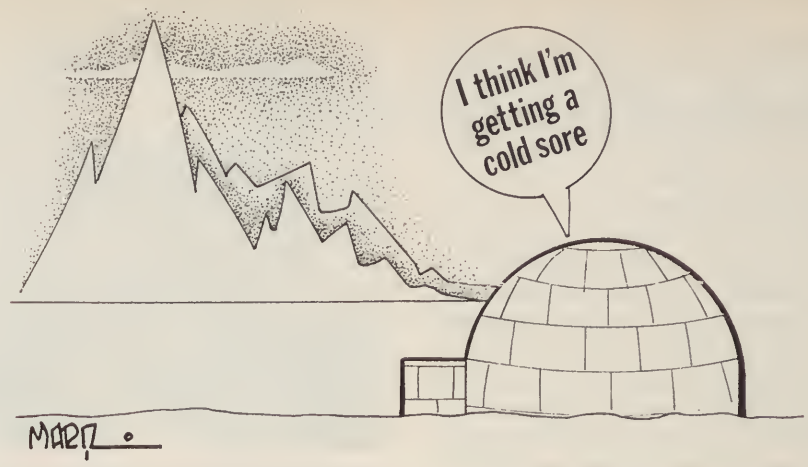
Illinois Medicine **Committee**
Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

Illinois Medicine **Staff**
Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information
Send all advertising orders, correspondence and payments to: *Illinois Medicine,* Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine.* A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



President's Column

Don't miss the bus!



James H. Andersen, M.D.

"Omnibus: (noun) A public vehicle designed to carry a comparatively large number of passengers."
–Webster's Dictionary

Congress in its wisdom (I am speaking ironically) has given the American public a brand new bus, an omnibus budget reconciliation package called OBRA-90. This bus is being marketed to us as a deficit reduction package; when you look closely, however, you will see that the brakes on this bus do nothing for the deficit; it only slows down the rate of previous spending Congress has already approved. It's true this bus reduces some spending levels by a total of $450 billion – but it cuts that amount from the $500 billion increase included in the budget. This is not a deficit reduction – and if the drivers of this bus dare to call it that, shame on them.

As physicians we must be particularly sensitive to the implications this bus carries; key provisions affect practitioners who treat Medicare and Medicaid patients. Or you could say that thanks to this bus, a lot of us are going to be taken for a ride.

"Now, you're either on the bus or you're off the bus."
–Ken Kesey

You're on the bus if you're a radiologist; the radiology fee schedule will be reduced. And you're on the bus if you're an anesthesiologist; that fee schedule will also be reduced. Pathologists should watch their step as they climb on the bus – their prevailing charges will be reduced by 7 percent come the first of the year. Payments to new physicians will be further limited; payment for assistants-at-surgery are to be restricted and payments for clinical diagnostic laboratory tests are headed down.

The drivers of this bus giveth, and they taketh away. The act adds coverage for screening mammography and then bans payment of a separate fee for the interpretation of EKGs.

"Omnibus: (adjective) including or covering many things."
–Webster's, again

One of the most troubling aspects of OBRA-90 is that its impact extends far beyond budget matters. Section 4752(d) discriminates against our colleagues who have graduated from medical schools outside the United States. No later than Jan. 1, 1992, Medicaid payments will not be made to foreign medical graduates (FMGs) unless they have passed the FMGEMS examination, have previously received certification from or previously passed the examination of the Educational Commission for Foreign Medical Graduates, or have held a license from one or more states continuously since 1958.

This new requirement will affect more than 130,600 physicians nationwide – 8,800 here in Illinois. It sets the stage for further national intrusion into the right of the states to control licensure; this new condition for FMGs may soon be followed by additional national requirements, guidelines and conditions for other physicians. Can national licensure then be far behind? The American Medical Association (AMA) House of Delegates at its interim meeting adopted an Illinois resolution condemning this provision and calling on the AMA to attempt to have this language rescinded before its implementation date.

"Men are like buses. If you miss one, another one will be along soon."
–Mae West

This holds true for our version of an omnibus, too. Budget reconciliation is an annual process. In OBRA-91, it may be your ox getting gored. The bus you ought to be on is the bus of organized medicine. Get on it now, while you can – and get your friends on, too. ▲

James H. Andersen, M.D.
President

LETTERS TO THE EDITOR

Illinois Medicine *welcomes letters on topics of interest to our readers. Write us at Letters to the Editor,* Illinois Medicine, *Twenty North Michigan Avenue, Suite 700, Chicago, Ill. 60602. Letters of any length will be considered for publication, but we reserve the right to edit for space.*

Dr. Sachs' suicide

I was very pleased and more than a little excited to see in your Nov. 9 issue a story [*Great Moments in Illinois Medicine*] about Theodore Sachs, M.D. His role stands out above all others in the treatment of tuberculosis in Chicago.

I must, however, correct some slight inaccuracies in your article. The most important one, of course, was the reason for his suicide. Dr. Sachs was the first medical director of both the Municipal Tuberculosis Sanitarium and the first private sanitarium located in Naperville and called Edward Hospital. It was named after the late husband of a woman named Edward; the man had died of tuberculosis. She gave the grounds and money in what was then fairly rural Naperville for the city's first tuberculosis sanitarium. This was initially operated with the Tuberculosis Institute of Chicago, the Christmas Seals organization.

The passage of the Glacken Act allowed counties to tax real estate to raise money for treating tuberculosis. In 1906, the city of Chicago founded the Municipal Tuberculosis Sanitarium at Crawford and Peterson avenues. The city had owned 120 acres of farmland used to raise horses for the fire department. When the Chicago Fire Department switched to motor-driven vehicles, the city had no need for a horse farm. The full 120 acres were then used for the Municipal Tuberculosis Sanitarium District, which operated under an independent board appointed by the mayor. Dr. Sachs was named president of the board of directors of this organization and a number of prominent specialists also served as consultants to the Municipal Tuberculosis Sanitarium. This group of distinguished physicians was led by Dr. Sachs as the sanitarium took its physical shape on the North Side of the city at the cost of $4 million.

Dr. Sachs' problem arose from an accusation that he had received illegal kickbacks from contractors who had built cottages used in the treatment of tuberculosis. After a patient had improved sufficiently on the sanitarium treatment, but not enough to be discharged, the patient was transferred to a cottage that consisted of a small building with a smaller number of patients and a lower level of nursing and physician care. There patients could receive such things as heliotherapy and fresh air therapy, which meant sleeping outside with blankets in all but the coldest of winters. The system of using cottages existed in the tuberculosis sanitarium well into the 1960s, but was finally made useless by modern chemotherapy. Even though the accusations were posthumously proven to be untrue, Dr. Sachs resigned his position as president of the board of directors.

In what we might today call a reactive depression, he subsequently self-administered a lethal dose of morphine and was found the following morning in the library of the sanitarium. The reaction to the untrue accusations was followed by the resignation of all the leading physicians associated with the sanitarium in protest for his mistreatment. The newspaper reports of Dr. Sachs' suicide indicate he was "hounded to death" by the mayor's patronage system, and the coroner of DuPage County, where he died, labeled the suicide "political murder."

Whether he planned it that way or not, no one can know, but Dr. Sachs' suicide so infuriated the medical community and the public at large that the ultra-corrupt [William Hale] Thompson administration (the last Republican mayor of Chicago) was forced into supporting the sanitarium with an independent board of prominent physicians and civic leaders. The result was the construction of a sanitarium that was respected throughout the entire Western world. When the Municipal Tuberculosis Sanitarium was still expanding, after World War II, a new central office and clinic were built in the West Side Medical Center at Ogden Avenue and Polk Street. This was called the Theodore B. Sachs Clinic until several years ago, when the Chicago Department of Health took over the functions of tuberculosis control and the center's name was changed to the West Side Center for Disease Control.

Thus, Dr. Sachs accomplished with his suicide what he was unable to accomplish with his leadership: That is, he shocked the corrupt administration and stimulated the complacent citizenry to produce a model sanitarium-type treatment program for the thousands of people suffering from tuberculosis in the city of Chicago. While the introduction of chemotherapy in the late 1940s and 1950s made the sanitarium system obsolete, the arrival of the AIDS problem has significantly contributed to the increase in tuberculosis cases being reported in the city. Fortunately, these cases of tuberculosis in AIDS sufferers can be successfully treated with anti-tuberculous chemotherapy so there is no need to reopen a sanitarium, but the name of Theodore B. Sachs should be remembered by anyone interested in the treatment of tuberculosis.

W.B. Buckingham, M.D.
Associate Professor of Medicine
Northwestern University
Medical School
Former Tuberculosis
Control Officer for the Chicago
Department of Health

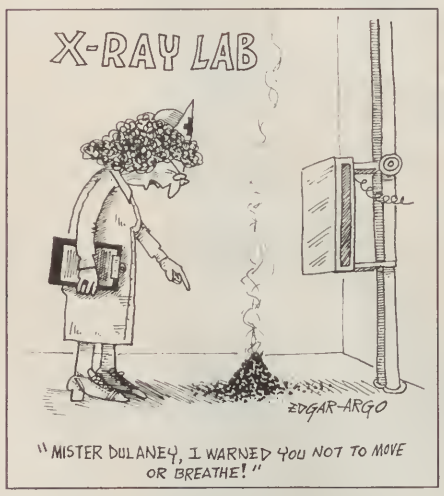
Physicians are not soothsayers

With regard to the "Case in Point" article on medical-legal matters in the Nov. 9 issue of *Illinois Medicine*, something is terribly wrong when one has to consult seers, soothsayers, fortunetellers and prophets before utilizing a medical device that has been declared safe by an agency of the federal government dedicated to insuring the safety of such things.

To be forced to suggest to a patient that these devices might fail (when notified after the approval) is to be forced to violate a tenet of the oath of Hippocrates, namely, "Do no harm." The psychological trauma of being informed after the fact of potential failure is a great deal of harm.

Since the spirit of prophecy ended a long time ago, the type of legal decisions as reported in the article are quite irresponsible.

Naphtali Gutstein, M.D.
Skokie



Cartoon not funny

The Oct. 26 issue of *Illinois Medicine* contains a cartoon on Page 4 that depicts an "exaggerated" risk of x-ray radiation. I recognize that cartoons purposefully exaggerate to reflect the humorous aspect of life. I fail to see the humor, however, in an implication that a diagnostic x-ray examination will totally destroy life, as depicted in the cartoon.

Unfortunately, there is a growing concern by the public about the use of radiation in diagnostic studies. This has been created by significant incidents such as the atomic bombings of Hiroshima and Nagasaki and the unfortunate nuclear power accidents, first at Three Mile Island and more recently at Chernobyl. The false concept of a significant risk from any amount of radiation has been promoted by the media. This has led to a "radiation hysteria" in spite of our knowledge regarding the theoretical risks of diagnostic studies with radiation. Members of the radiological profession have been working for many years to counteract this false perception and increasing concern by the public. The impact of these concerns has resulted in individual refusals to have important worthwhile diagnostic studies and in legislative and regulatory activities that primarily effect an additional cost burden to the patient.

I recently heard William Hendee, Ph.D., of the American Medical Association comment that there are well over 80 characters now in comic books who were "created by radiation incidents." Some of this exaggeration must affect the minds of youths who read these comic books. It is, therefore, unfortunate when an organ of the Illinois State Medical Society publishes such an exaggeration in the form of a cartoon. As a publisher, you must be sensitive to issues that *might* impact on practice. Perhaps I am too sensitive, but I face the issue of "radiation hysteria" on a frequent basis in dealing with patients with such fears. Many of those fears might be dissipated if referring physicians were aware that the risks of radiation from diagnostic studies is not measurable and is purely theoretical. They, in turn, might pass that perception on to the public.

Why not publish cartoons that point out the humorous aspects of medical care, such as the witticisms of children or foibles that patients and physicians have regarding health care? I believe these types of cartoons will serve your purposes more suitably.

James J. Conway, M.D.
Head, Division of Nuclear Medicine
The Children's Memorial Hospital
Chicago

Partisan leanings showing?

Illinois Medicine seems to think that all members of the Illinois State Medical Society are Republicans. The headline "Edgar Wins the Mansion, but Republicans Lose in the House," (Nov. 23) should have read "Edgar Wins the Mansion; Democrats Retain the House." It is bad policy for a professional journal to let its bias show.

It is perfectly normal to be partisan in any context, but editors should not let it show so obviously.

James P. Johnston, M.D.
Rock Island

The Chicago and Springfield offices of the Illinois State Medical Society, Illinois State Medical Insurance Services and Illinois State Medical Inter-Insurance Exchange will be closed on Christmas Eve, Dec. 24; Christmas Day, Dec. 25; New Year's Eve, Dec. 31; and New Year's Day, Jan. 1. All offices will be open at 8:30 a.m. on Wednesday, Dec. 26 and Wednesday, Jan. 2.

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin

Case #1

Presenting complaint and initial diagnosis – Parents brought their 4-month-old infant daughter to a small community hospital because she was feverish, had been vomiting, and seemed to have a stiff neck and vision problems. The physician on call diagnosed pneumonia, prescribed antibiotics and sent the child home.

The case in brief – By morning, the infant was comatose. The parents rushed her back to the hospital, where she died the following day. An autopsy revealed the cause of death to be systemic infection following staphylococcal pneumonia.

The resulting claim – The parents sued for failure to diagnose and treat and wrongful death. They also charged that, on the basis of the history and presenting symptoms, the physician who first saw the child should have performed a lumbar puncture and hospitalized her, but that neither was done.

The outcome of the claim – The defendants argued that the infant did not have a stiff neck and, consequently, a lumbar puncture was not indicated. They also argued that hospitalization was not required to treat pneumonia and that care had been appropriate. A jury returned a $1 million verdict for the plaintiffs.

Case #2

Presenting complaint and initial diagnosis – A mother brought her 3-month-old son to a pediatrician because he had a slight fever, cough and runny nose, and had been vomiting. The physician diagnosed bronchitis and prescribed nose drops and antihistamines.

The case in brief - Two days later, the mother found the infant dead in his crib. The mother filed suit, charging the physician had misdiagnosed pneumonia as bronchitis, failed to treat in a timely fashion and failed to warn her that sudden infant death syndrome was likely with pneumonia.

The outcome of the claim - The defendant physician contended that the baby had bronchitis and that he had appropriately diagnosed and treated him. The case was settled for $50,000.

Case #3

Presenting complaint and initial diagnosis – A 29-year-old mother of two came to a hospital emergency room because she was not feeling well. She said she had had "stomach flu," but was now experiencing chest congestion and pain. She said she was also coughing, vomiting and felt "headachy." She had a temperature of 103.5. Viral influenza was diagnosed and a narcotic cough syrup prescribed.

The case in brief – The woman's condition worsened, and she was admitted to the hospital the following day with acute respiratory distress. She died 24 hours later. An autopsy revealed the cause of death to be bacterial pneumonia.

The resulting claim – The woman's family sued for failure to diagnose and treat in a timely fashion. They contended that blood tests, a sputum culture and a chest x-ray performed when the patient first came to the hospital would have revealed a bacterial infection that could have been treated with antibiotics.

(continued on page 7)

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

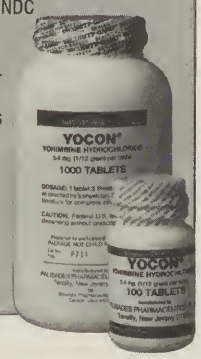
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Nominations sought for board membership

What's involved in Exchange Board service?

ATTENDANCE at three to four board meetings per year and service on at least one committee are required of those who are elected members of the Illinois State Medical Inter-Insurance Exchange Board of Governors. Seven positions on the 21-member board will become vacant in 1991, and new members, who will serve a three-year term, will be elected at the Exchange's annual meeting in April. Nominations are now being sought for the seven vacancies. (See accompanying notice below.)

Throughout the nomination process, efforts are made to assure broad representation according to geographic location, insurance class, specialty and other factors. All governors must be members of the Exchange.

The Board of Governors normally meets three or four times during the year. In addition, each board member is appointed to serve on at least one of the Exchange's five committees: Nominating, Policyholder Services, Planning, Risk Management and Investment. Each committee also meets several times a year and regularly reports to the Board. Members of the Board receive a stipend and are reimbursed for actual expenses incurred by attendance at Exchange Board and committee meetings. ▲

Exchange annual meeting April 10

The Illinois State Medical Inter-Insurance Exchange will hold its annual meeting on Wednesday, April 10, 1991, at 4 p.m. at the Westin O'Hare Hotel in Rosemont. Members of the Exchange Board of Governors will be elected at the meeting. Board members shall be elected by a majority vote of the members represented at the annual meeting in person or by proxy. The Board of Governors has general supervision over the finances of the Exchange and of its operations, and establishes all policies governing the proper transaction and conduct of the business and affairs of the Exchange. Any member of the Exchange interested in serving as a governor should so notify, in writing, Fred Z. White, M.D., Chairman, Board of Governors, Illinois State Medical Inter-Insurance Exchange, Twenty North Michigan Avenue, Suite 700, Chicago, Ill., 60602. Please include a current curriculum vitae. All letters of intent received at the Exchange office *on or before Jan. 24, 1991* will be considered by the Nominating Committee.

Case in point *(continued from page 6)*

The outcome of the claim – The defendant physician argued that bacterial pneumonia can be a hard to diagnose, virulent disease that can cause death within 48 hours, and he offered evidence to support this statement. He contended that the disease could not have been diagnosed on the first visit because it had not yet developed. The verdict was for the defense.

The points these cases make – The recent sudden death from pneumonia of Muppets creator Jim Henson has refocused public attention on a disease that most Americans regard as readily curable with antibiotics. On the contrary, pneumonia is a serious disease that can result in death even when a physician does everything medically possible.

Illinois State Medical Inter-Insurance Exchange experts point out that many respiratory problems, among them bronchitis and various strains of flu, can mimic or mask pneumonia symptoms. Unless a physician takes time to clearly establish a diagnosis, pneumonia occasionally may be missed. Exchange experts offer the following suggestions:

- The likelihood of pneumonia is suggested when a patient exhibits shortness of breath, painful breathing and/or bloody sputum.
- Appropriate tests – including blood tests, a sputum sample and a chest x-ray – can help rule out pneumonia or confirm its presence.
- Antibiotics can sometimes be prescribed empirically until testing confirms the presence or absence of bacterial pneumonia.
- Hospitalization may or may not be indicated, depending on the physician's judgment and the seriousness of the patient's condition. Hospitalization is almost always indicated in patients under 6 months of age when significant respiratory distress is present, and/or when vomiting renders oral medications inadequate.
- A patient who is sent home should be monitored by telephone to ensure he or she is recovering and not becoming sicker. Parents or family members should be instructed regarding what signs to monitor and report immediately to the physician.
- Treatment rationales, test results and a running history of the patient's condition, treatment and progress should be recorded in the chart. ▲

Carol Brierly Golin is publisher of Medical Liability Monitor.

Professional Use Information

CARAFATE® (sucralfate) 1gm Tablets

BRIEF SUMMARY

CONTRAINDICATIONS
There are no known contraindications to the use of sucralfate.

PRECAUTIONS
Duodenal ulcer is a chronic, recurrent disease. While short-term treatment with sucralfate can result in complete healing of the ulcer, a successful course of treatment with sucralfate should not be expected to alter the post-healing frequency or severity of duodenal ulceration.

Special Populations: Chronic Renal Failure and Dialysis Patients: When sucralfate is administered orally, small amounts of aluminum are absorbed from the gastrointestinal tract. Concomitant use of sucralfate with other products that contain aluminum, such as aluminum-containing antacids, may increase the total body burden of aluminum. Patients with normal renal function receiving the recommended doses of sucralfate and aluminum-containing products adequately excrete aluminum in the urine. Patients with chronic renal failure or those receiving dialysis have impaired excretion of absorbed aluminum. In addition, aluminum does not cross dialysis membranes because it is bound to albumin and transferrin plasma proteins. Aluminum accumulation and toxicity (aluminum osteodystrophy, osteomalacia, encephalopathy) have been described in patients with renal impairment. Sucralfate should be used with caution in patients with chronic renal failure.

Drug Interactions: Some studies have shown that simultaneous sucralfate administration in healthy volunteers reduced the extent of absorption (bioavailability) of single doses of the following drugs: cimetidine, ciprofloxacin, digoxin, norfloxacin, phenytoin, ranitidine, tetracycline and theophylline. The mechanism of these interactions appears to be nonsystemic in nature, presumably resulting from sucralfate binding to the concomitant agent in the gastrointestinal tract. In all cases studied to date (cimetidine, ciprofloxacin, digoxin, and ranitidine), dosing the concomitant medication 2 hours before sucralfate eliminated the interaction. Because of the potential of CARAFATE to alter the absorption of some drugs, CARAFATE should be administered separately from other drugs when alterations in bioavailability are felt to be critical. In these cases, patients should be monitored appropriately.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Chronic oral toxicity studies of 24 months' duration were conducted in mice and rats at doses up to 1 gm/kg (12 times the human dose). There was no evidence of drug-related tumorigenicity. A reproduction study in rats at doses up to 38 times the human dose did not reveal any indication of fertility impairment. Mutagenicity studies were not conducted.

Pregnancy: Teratogenic effects. Pregnancy Category B. Teratogenicity studies have been performed in mice, rats, and rabbits at doses up to 50 times the human dose and have revealed no evidence of harm to the fetus due to sucralfate. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when sucralfate is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Adverse reactions to sucralfate in clinical trials were minor and only rarely led to discontinuation of the drug. In studies involving over 2700 patients treated with sucralfate tablets, adverse effects were reported in 129 (4.7%).

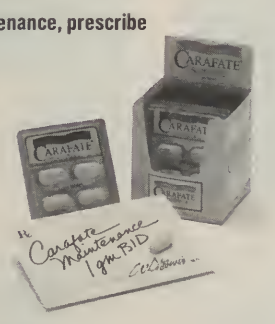
Constipation was the most frequent complaint (2%). Other adverse effects reported in less than 0.5% of the patients are listed below by body system:

Gastrointestinal:	diarrhea, nausea, vomiting, gastric discomfort, indigestion, flatulence, dry mouth
Dermatological:	pruritus, rash
Nervous system:	dizziness, sleepiness, vertigo
Other:	back pain, headache

Issued 4/90

Axid® (nizatidine capsules) is a trademark of Eli Lilly and Company. Pepcid® (Famotidine, MSD) is a trademark of Merck Sharp & Dohme. Tagamet® (cimetidine) is a trademark of Smith Kline Beecham. Zantac® (ranitidine hydrochloride) is a trademark of Glaxo Pharmaceuticals. Site Protective is a trademark of Marion Merrell Dow Inc. © 1990, Marion Merrell Dow Inc. All rights reserved.

For maintenance, prescribe



MARION MERRELL DOW INC.

© 1990, Marion Merrell Dow Inc. All rights reserved.

CAFAC098 0259E0

THE H_2S



THE UN-H_2



The UN-H_2 is the *only* duodenal ulcer therapy that accelerates healing directly at the ulcer site through an exclusive, *Site Protective*™ action.

The benefits: ***unsurpassed efficacy – nonsystemic safety –*** plus ***no known contraindications.***

When you treat duodenal ulcers, prescribe the UN-H_2: Site Protective™ CARAFATE® (sucralfate).

NEW! Maintenance Therapy 1 gm BID

Unique, nonsystemic

CARAFATE® sucralfate

Targets the ulcer, not the acid

CAFAC098

Please see brief summary of prescribing information on adjacent page.

0259E0

1990: YEAR

HIGHLIGHTS OF HEALTH CARE IN ILLINOIS AS SEEN THROUGH THE PAGES OF *ILLINOIS MEDICINE.*

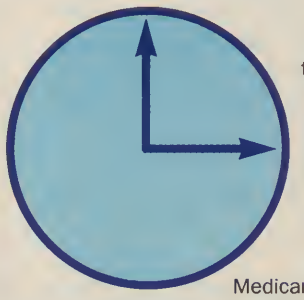
JANUARY



Chicago and Cook County Health Care Summit public hearings begin

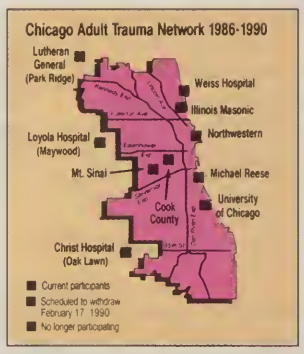
U.S. Supreme Court ends naprapaths' six-year licensure effort



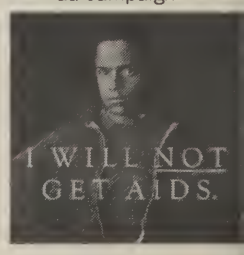


Illinois Senate defeats trauma funding plan

Medicare 24-hour patient discharge law takes effect



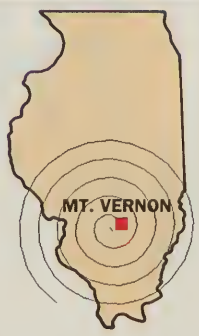
Chicago health department scraps controversial AIDS ad campaign



FEBRUARY



ISMS recommends prenatal care improvements to IDPA

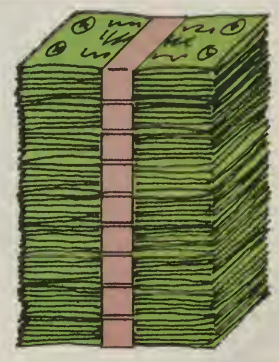


Southern Illinois Medical Association OB shortage task force hosts Mt. Vernon conference



Celebrities kick off ISMS Partners for Health seniors program

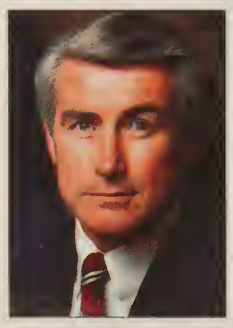
Rockford physicians match $100,000 challenge grant for Crusader clinic



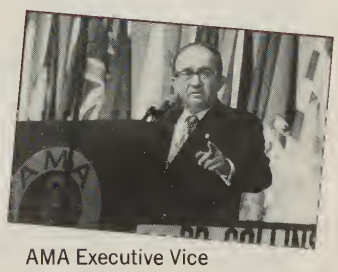


Chicago opens new Roseland clinic

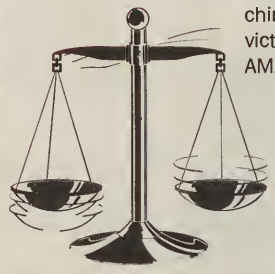
MARCH



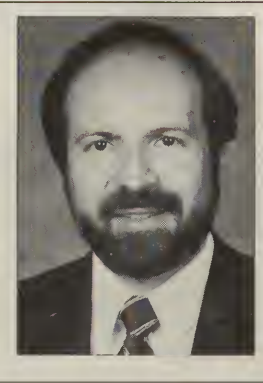
IMPAC endorses Jim Edgar for governor



AMA Executive Vice President James H. Sammons, M.D. resigns



Federal appeals court upholds chiropractors' victory against AMA



Chicago Acting Health Commissioner Richard Krieg resigns

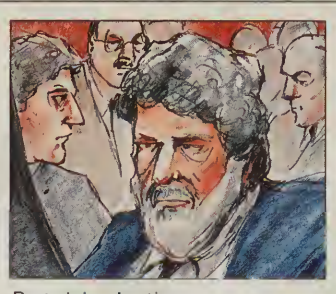
ILLINOIS STATE MEDICAL INTER-INSURANCE EXCHANGE

ISMIE announces it will offer prior acts coverage

APRIL

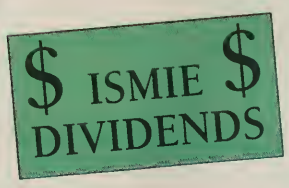
Clean Indoor Air Act takes effect/ISMS offices go smoke-free



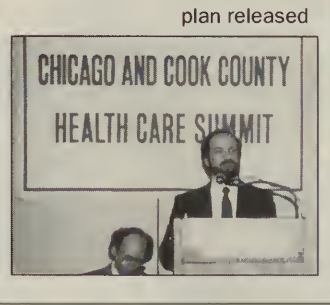


Ragsdale abortion settlement approved

ISMIE announces policyholder dividends, no increase in 1990 rates



Summit action plan released





ISMS House of Delegates votes to retain AMA unification; ISMS President James H. Andersen, M.D. takes office, installed by Immediate Past President Eugene P. Johnson, M.D.

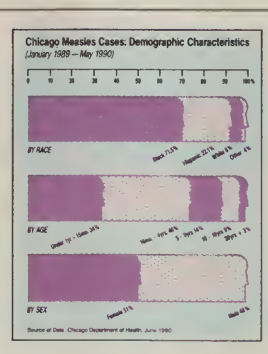
MAY



Hillsboro hospital physicians end month-long walkout

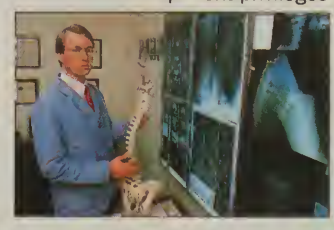
Illinois PRO board reconfigured





CDC and Chicago health department collaborate on measles immunization

McLean County chiropractors seek outpatient privileges

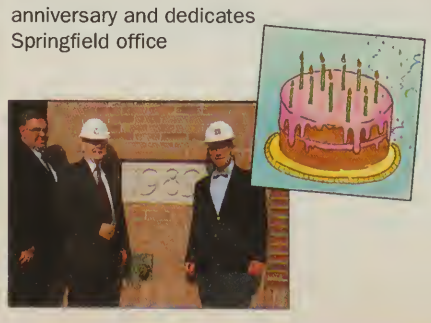


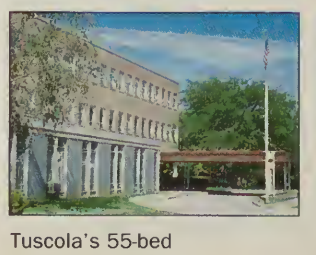


Ryan rural health task force calls for caps on non-economic damage awards

JUNE

ISMS celebrates 150th anniversary and dedicates Springfield office



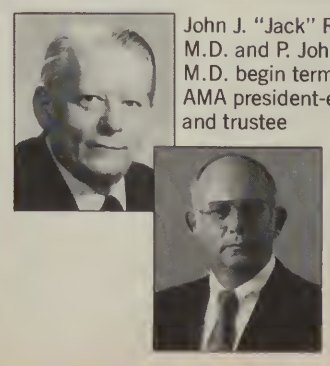


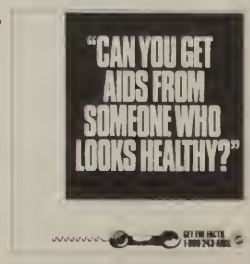
Tuscola's 55-bed Jarman Memorial Hospital closes

Chicago Mayor Richard M. Daley endorses summit plan



John J. "Jack" Ring, M.D. and P. John Seward, M.D. begin terms as AMA president-elect and trustee



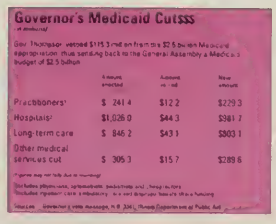


Chicago launches revamped AIDS ad campaign

IN REVIEW

JULY · AUGUST · SEPTEMBER · OCTOBER · NOVEMBER · DECEMBER





Governor Thompson reduces Medicaid appropriations

Special state trauma funding and Mile Square grant approved



6,892 Questionable Doctors

6,892 Questionable Doctors report on professional disciplining lauds Illinois efforts

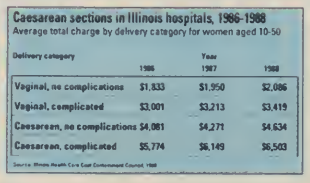
Chicago area hospitals cope with blackouts



WBBM-TV's Walter Jacobson's tort reform "perspective" angers medical community

IDPH chief Bernard Turnock, M.D. resigns to return to academia





Cost containment council examines Illinois C-section rates



Cook County Board acquires shuttered Provident hospital



ISMS introduces provider contracts manual

Chicago CareVan reaches out to community groups





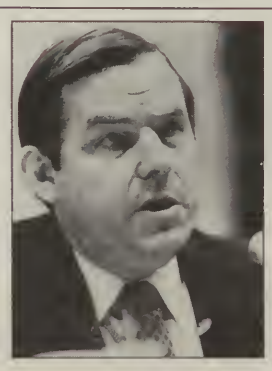
Free clinic immunity and clinical social workers bills signed

NATIONAL PRACTITIONER DATA BANK

National Practitioner Data Bank opens



Exchange opens policyholder relations department; offers suspended coverage for reservists



ABC "20/20" report criticizes HHS Inspector General Richard Kusserow; AMA calls for his resignation

UNCONSTITUTIONAL

Medical Practice Act language pertaining to midwifery declared unconstitutional



Partners for Health PSA debuts on Illinois television

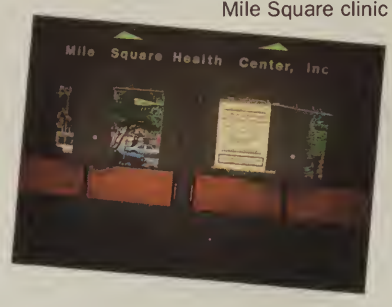
HHS Secretary Louis Sullivan, M.D. visits ISMS





Universal health care plan debated at public hearings

University of Illinois trustees vote to join city in reopening Mile Square clinic





Admissions limit for DuPage County prenatal program lifted

Jim Edgar elected new Illinois governor





First Invitational Forum for ethnic and specialty medical societies takes place

American Dental Association files suit against data bank

ADA



Supreme Court refuses Rockford case; hospital merger ban upheld

Tuscola's Jarman Memorial Hospital reopens as Jarman Center with branch of Carle Clinic



Illinois Hospital Association files Medicaid suits

AIDS Awareness Week observed; AMA action results from Illinois resolution

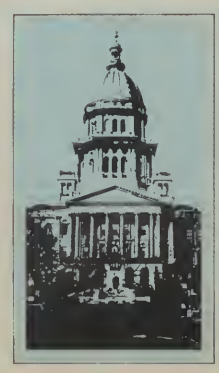




ISMS Auxiliary's sharing card seeks medical education and research funds



Great moments in Illinois medicine series concludes



Illinois Senate refuses to follow House lead and sustains governor's Medicaid cuts

Highlights of key provisions

Omnibus Budget Reconciliation Act of 1990

The following highlights are excerpted from a preliminary analysis of the Omnibus Budget Reconciliation Act of 1990 (OBRA-90) prepared by the Illinois State Medical Society (ISMS). Copies of the analysis are available from your county medical society or the Department of Health Policy Research, Division of Health Care Finance, Illinois State Medical Society, Twenty North Michigan Avenue, Chicago, Ill. 60602.

Medicare

Fee Updates

Prevailing charge updates of 2 percent permitted for "primary care" services effective Jan. 1. No Medicare Economic Index (MEI) update allowed for other services. In addition, 1992 MEI update reduced by 0.4 percent below what would otherwise occur.

Physicians' *customary charge* levels for non-primary care services will be frozen at 1990 levels.

Overpriced Procedures

To correct OBRA-89 drafting error that resulted in lower reductions than Congress intended, *retroactive to April 1, 1990,* 244 procedures Congress previously identified as "overpriced" will be reduced to recoup previously paid "technically" incorrect "overpayments."

In addition, a new class of "overpriced" procedures will be reduced by 6.5 percent effective Jan. 1. Approximately 1,400 to 2,000 codes, or about 20 percent of all medical services, will be included. (The ISMS analysis lists those procedures not affected.)

Limitations on Balance Billing

Increases limit for *"evaluation and management services"* from current 125 percent of area prevailing charge or the updated Maximum Allowable Actual Charge (MAAC) to the lower of 140 percent of area prevailing charge or the 1990 updated MAAC.

"Evaluation and management services" include previously identified primary care services, hospital inpatient medical services, consultations, preventive medicine codes, psychiatric services, emergency care facility codes, critical care services, and other visits.

Medicare Volume Performance Standard

The Medicare Volume Performance Standard (MVPS) for fiscal 1991 will be reduced by 2 percentage points below the Department of Health and Human Services (HHS) projected growth rate, rather than the 1 percentage point provided for in OBRA-89. The fiscal 1991 MVPS will be published prior to Jan. 1.

Radiology, Anesthesiology and Pathology Services

Fees for all services to be reduced: *Radiology* by a maximum of 9.5 percent below conversion factor and *anesthesiology* by maximum of 15 percent below conversion factor.

Pathology prevailing charges will be reduced 7 percent. OBRA-89 required implementation of a pathology fee schedule by Jan. 1. OBRA-90 repeals this provision. Instead, a pathology fee schedule will be implemented coincident with the resource-based relative value scale (RBRVS) fee schedule beginning Jan. 1, 1992.

Clinical Diagnostic Laboratory Tests

Payments will be reduced. Effective Jan. 1, national cap reduced from 93 percent of the median to 88 percent of the median. Also, scheduled fee updates for 1991, 1992 and 1993 limited to 2 percent per year.

Assistants-at-Surgery

Assistants-at-surgery will be paid 16 percent, instead of current 20 percent, of the area prevailing charge or fee schedule amount for procedures using an assistant. No payment allowed for procedures using an assistant for less than 5 percent of cases.

New Physicians Section

Current payment limitations to be extended through fourth year of practice. During first and second years of practice, payments continue to be limited to 80 percent and 85 percent of area prevailing charge or fee schedule amount respectively. Payments limited to 90 percent and 95 percent in third and fourth years respectively. Does not apply to Health Manpower Shortage Areas (HMSAs).

Reciprocal Billing

Physicians now allowed to enter into reciprocal billing (cross coverage) arrangements on occasional basis. (This proposal was adopted by American Medical Association House of Delegates.)

Practicing Physicians Advisory Council

HHS Secretary to appoint 15-member (including 11 MDs or DOs) Practicing Physician Advisory Council (PPAC) to advise Secretary on proposed regulatory and administrative changes.

Miscellaneous Provisions

- Effective Jan. 1, 1992, payment of separate fee for the interpretation of EKGs prohibited.
- Screening mammography to be covered.
- Nurse practitioner services provided "in collaboration with a physician" in rural areas to be covered.
- The standard of negligence in patient transfer cases is changed from "knowing" to straight negligence – a compromise between current law and the "strict" liability standard.

Rejected Provisions

- Requiring physicians to pay a $1 fee for each claim submitted non-electronically.
- Expanding prohibition against self-referral to include all facilities, not just clinical laboratories.
- Requiring physicians to be periodically recertified for Medicare.
- Paying non-board-certified physicians 5 percent less than certified physicians.

Medicaid

Improvements in Quality of Physician Services

Unique Physician Identifiers

By July 1, each physician providing Medicaid services will be assigned a *unique identifier,* which may be identical to the Medicare Unique Physician Identification Number (UPIN), but may be different. Effective Sept. 1, Medicaid payments will be made only for claims that include a Medicaid unique identifier.

Foreign Medical Graduates (FMGs)

Foreign medical graduates, in order to obtain a unique identifier, must have passed the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), have previously been certified by the Educational Commission for Foreign Medical Graduates or passed its exam, or been licensed by one or more states continuously since 1958. Provision effective for services provided on or after Jan. 1, 1992.

Reporting of Misconduct or Substandard Care

Effective Jan. 1, 1992, state Medicaid agencies to establish system for reporting to HHS all negative actions or findings against physicians providing Medicaid services.

Prescribed Drugs

Drug Utilization Review

No later than Jan. 1, 1993, states must operate drug utilization review (DUR) programs intended to fight fraud and abuse and to educate physicians and pharmacists. Each DUR program shall have three components:

- *Prospective* drug review: Designed to screen at point-of-sale for potential problems due to drug interactions, contraindications, incorrect dosage or duration of treatment, and clinical abuse/misuse. States to establish patient counseling standards for pharmacists.
- *Retrospective* drug review: Designed to identify patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care.
- *Education:* As problems are identified, states to undertake outreach and educational programs for physicians and pharmacists.

States to establish 15-member DUR Boards (five to seven physicians and five to seven pharmacists) to oversee retrospective drug use review and physician/pharmacist education. *The DUR Boards may be created legislatively or established through contract with an appropriate entity.* A series of DUR demonstration projects has been authorized.

Rebate Program

Effective Jan. 1, drug manufacturers required to pay quarterly rebate to states providing drugs under Medicaid.

Limitations on Coverage of Drugs

Effective July 1, states may exclude coverage of several classes of agents, including agents used for anorexia or weight gain, cosmetic purposes, symptomatic relief of coughs and colds, to promote smoking cessation, to promote fertility and others. ▲

Medicare participation enrollment period ends Dec. 31

The 1991 Medicare participation enrollment period is from Dec. 1 to Dec. 31. *Current non-participating physicians wishing to participate in Medicare during 1991 must return their signed agreements by that date.* Participation agreements signed by Dec. 31 will take effect Jan. 1.

Carriers are required to issue charge data by Jan. 31. After receipt of the charge data, participating physicians will be able to withdraw from participation through Feb. 15, *but no further enrollments will be accepted.* Any participation withdrawals received by Feb. 15 will be effective on March 1. Physicians who desire to continue their current status should do nothing.▲

Frozen woman makes headlines and captures the world's attention



IN THE DEAD of winter, 1951, a lightly clad 23-year-old woman, frosted with snow and frozen solid, was found in an alley on Chicago's South Side. Dorothy Mae Stevens was taken to Michael Reese Hospital with a body temperature of 64 degrees.

1 5 0

No one in history had ever survived with such a low temperature.

When Stevens arrived at Michael Reese, her head "could not be moved from side to side or flexed, and it was impossible to open her jaws," according to an article her physicians published in the *Journal of the American Medical Association (JAMA)*. "Her elbows could be flexed only with great force." Her blood "had congealed to such a sluggish mass that it was impossible to take her blood pressure," according to the *Chicago Tribune*. Her breathing had slowed to four or five times a minute. Physicians had to use a chemical thermometer because regular mercury thermometers did not measure such low temperatures. Rigor mortis apparently had set in.

Nevertheless, Michael Reese physicians were ready to meet the challenge. Among them was Harold Laufman, M.D., an assistant attending surgeon with a keen interest in hypothermia. Using a combination of slow warming at room temperature and injections of cortisone (which was obtained from a research colleague because the drug was still considered experimental) the medical team was able to bring Stevens back to life. Doctors speculated that because she had been drinking heavily before slipping on ice and falling in the alley, the high alcohol level in her blood stream may have served as "antifreeze" and contributed to her survival.

By the next day, Stevens' body temperature had risen to 100 degrees, and she was able to complain that she felt cold in her hands and legs. Michael Reese was besieged with reporters from around the world, and Stevens received a special visit from U.S. Secretary of State Dean Acheson.

During recovery, Stevens lost both legs below the knee and all her fingers except her right thumb to frostbite. Before the amputations, the hospital was flooded with calls, letters and telegrams recommending "foolproof" home remedies for frozen limbs, including submerging them in broth produced by boiling chicken testicles; covering them with lard, turpentine and beef gall; packing them in mashed onions; and soaking them in fish brine. A telegram from New York City recommended that Stevens be fed "certain vaporized elements." A man who described himself as a "conjurer" declared in a post card that Mrs. Stevens would have "NO AMPUTATIONS of any LIMBS" as a heavenly reward for her deeds.

Before Stevens' accident, little was known about hypothermia. But it was an issue that had become most urgent to the American public, since many soldiers fighting in the Korean War were being crippled or even killed by severe cold. Stevens' case stimulated considerable research in the field, contributing to "knowledge of the pathophysiology and the treatment of profound hypothermia and frostbite, the use of hypothermia in medicine and surgery, and a host of biochemical and metabolic studies in shock and in hibernation," according to Dr. Laufman's article in *JAMA*.

After her recovery, Stevens spent several years lecturing to church groups on the evils of alcohol. She died of pneumonia in 1974. ▲





Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Cook County Hospital

(continued from page 1)

Elsewhere," Rothstein replied, "I don't think it's a question of leaving one hospital for another. I think it's a question of continuation of care. What Mt. Sinai does in the city in many ways is no different than what Cook County does. What I hope to do is to bring back pride in the institution, because it is a great institution with a great history."

That was Phelan's good news. The bad news is that JCAHO Dec. 7 served Phelan with a letter detailing its denial of the county's appeal of an April ruling that Cook County Hospital does not meet accreditation standards. The hospital does not meet the compliance standards for "fire safety equipment and construction" in its "A" Building and in the Children's Building, which lacks an alternate fire exit, Phelan said.

The Chicago and Cook County Health Care Summit final report released in April estimated the cost of repairing these violations at $5.9 to $7.1 million for the Children's Building and $3.4 to $4.1 million for the "A" Building. Unless the hospital meets the standards in 15 to 30 days, JCAHO will strip the hospital of its accreditation. If that happens, Cook County stands to lose more than $90 million in state and federal funds, Phelan said.

"Losing accreditation means we will not be able to certify the 450-[plus] physicians presently working for us as residents or interns," he said, putting the hospital's teaching program in peril. "This is a situation that is so serious that if it is not turned around, both our financial underpinning and our academic underpinning are seriously in jeopardy."

Patient safety not guaranteed

Of more immediate concern, however, Phelan said he cannot guarantee the safety of the patients in the hospital's present condition. "We are going to see to it that extraordinary measures are taken as quickly as possible [so] this situation does not grow any worse."

Phelan said he has met with JCAHO officials on several occasions, and he will work with newly appointed special assistant counsel David Carvalho to see if "signed contracts from a contractor who is willing to begin work very soon to build an alternate fire exit ... would satisfy the officials. We are going to do everything in my earthly power ... I'm not going to leave any stone unturned."

Phelan's optimism may be short-lived. According to JCAHO spokesman Pamela Schumacher, a committee of the accrediting body's board of commissioners will make a final determination on the hospital's status in mid-January. She added that the board takes the recommendations of the appeals hearing panel "very seriously." The panel has reviewed the county's appeal and "recommended non-accreditation," in its Dec. 7 letter to Phelan, Schumacher said.

The county can still submit additional proof that the hospital is moving toward compliance, she said, but, "The board usually goes with what the appeals hearing panel rules." Schumacher said Cook County Hospital lost its accreditation once before for one week in June 1984, but quickly regained its status after a new survey was conducted by JCAHO inspectors. "If Cook County Hospital is non-accredited, [officials] can apply for another survey, but chances are we wouldn't be able to schedule it as quickly," as was done in 1984, Schumacher said. She added that county officials have known about the code violations since April, when they received their first warning the hospital was not in compliance.

Phelan said he is beginning plans to build a new 600-bed Cook County Hospital at a cost of $400 to $500 million. This is "a hospital that has been long-awaited, long-necessary," he said. "If it had been built four or five years ago like it should have been, we would not be facing the problem we are today." ▲

AIDS *(continued from page 2)*

with this disease have. Reporting data on patients won't help those who have the disease, but it may help others from getting the disease in the future."

AIDS is becoming a civil rights issue, Dr. Dekker said. "We must be sure any data we collect is used for epidemiological purposes, not in a police state to search out people who have the disease," he warned. "I think it is possible to gather data and at the same time protect individual rights. We can either turn our backs on these patients or roll up our sleeves and get to work."

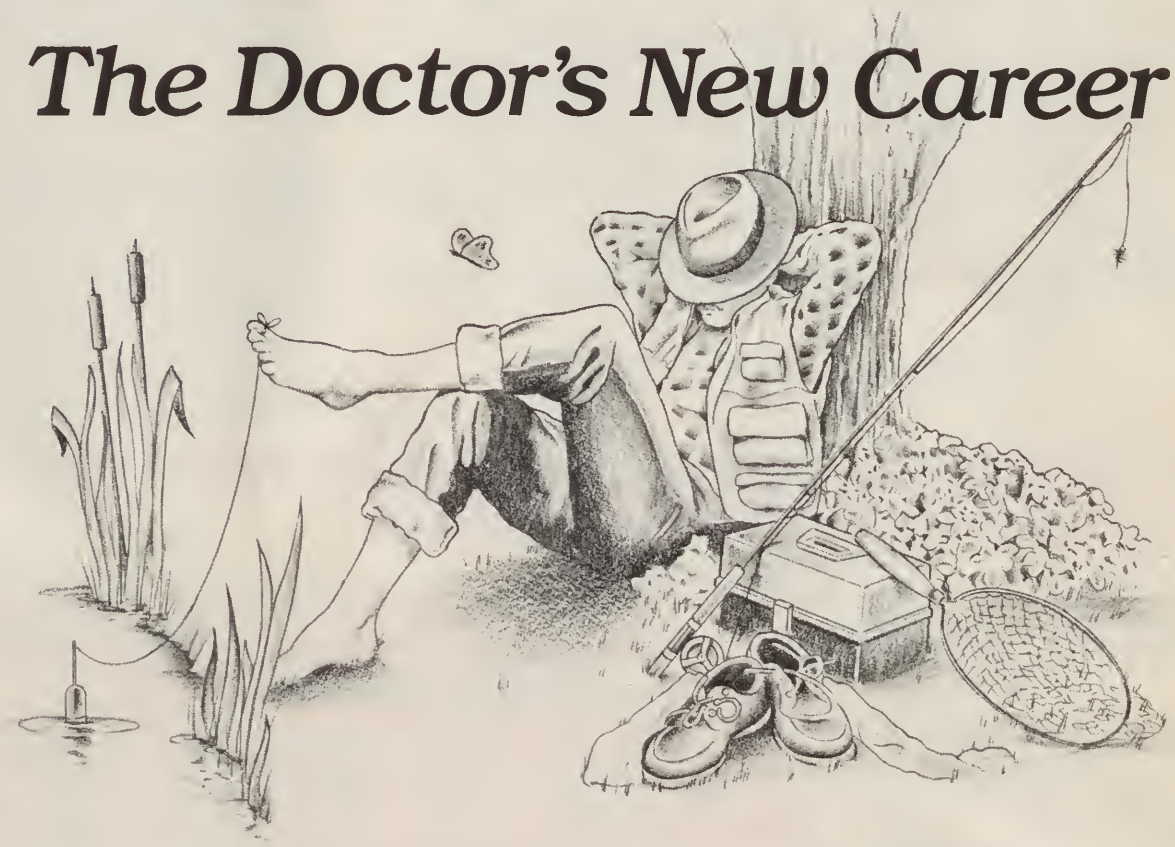
Dr. Dekker said that while many physicians uphold their ethical obligations to treat their patients who become HIV infected, some "physicians shun these patients, which is a real dark side of our profession."

While the gay community has mobilized and educated itself about AIDS, Dr. Dekker said, the medical profession hasn't "done squat to help the adolescent community," for example, to learn about AIDS prevention.

Dr. Clarke speculated that the AMA may be altering its other AIDS policies in the coming years. But he does not foresee "testing everybody that walks through the door. Physicians must have a reason for suggesting testing."

"I think something's going to change," he said of the profession's policies on HIV testing. "But if I require all my patients to be tested, I will have to require myself to be tested as well." ▲

The Doctor's New Career



"Grown attached to your bobber?" Wilbur asked. The doctor didn't bother to stop toeing the line long enough to tell Wilbur about his new career as a fly caster, divot replacer, and backyard barbecuer. Nor did the doctor need to say much about his outstanding new **Medicare Supplement Plan** from the Physicians' Benefits Trust. With his coverage picking up 100 percent of the Medicare-eligible hospital expense not covered by Medicare, the doctor wasn't about to tell Wilbur it was exclusively for physicians, nor was he going to tell Wilbur there were two other plan options available—each designed to provide quality protection at low cost group rates. "Yes, sir," the doctor replied, "You might say it's just what the doctors ordered."

*If you're fishing around for a bargain, obtain all the **Medicare Supplement** coverage you'll ever need from the Physicians' Benefits Trust. If you're approaching age 65 (or already are there or beyond), you owe it to yourself to check out this outstanding coverage.*

For information, call toll free: (800) 621-0748 or call: (312) 559-9130 or mail coupon:

☐ Please send information about the **Medicare Supplement Plan** from the Physicians' Benefits Trust.
☐ Also send information about the other PBT plans I have checked.

- ☐ Major Medical
- ☐ Excess Major Medical
- ☐ Hospital Indemnity
- ☐ Dental
- ☐ Long Term Disability
- ☐ Term Life
- ☐ Accidental Death & Dismemberment
- ☐ Personal Umbrella
- ☐ Office Overhead
- ☐ Office Benefits Program

Name: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

ISMS

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Chiropractors

(continued from page 1)

chiropractors. Although current AMA policy, enacted in 1980, states that professionally associating with chiropractors is ethical, "This position has not previously been communicated by the AMA to its members," Getzendanner said, adding that, "In none of the AMA policies is there any affirmative statement that the boycott is over."

To remedy this, a subsequent injunctive order imposed by Getzendanner called for the AMA to inform all of its members by mail of its policy on chiropractic. She also ordered the AMA to publish its policy on chiropractic in the *Current Opinions of the Council on Ethical and Judicial Affairs* "with an appropriate heading that refers to professional association between medical physicians and chiropractors." In addition, she ordered the AMA to print the injunction in the *Journal of the American Medical Association* and index it under the heading "chiropractic." The AMA has already complied with all the provisions of the judge's injunctive order except sending letters to its members stating that is ethical to associate with chiropractors. The letters will be sent to member-physicians shortly, the AMA spokesman said.

"They're good, we're good, we're all good. We have to start working together; then the suit will have served its purpose."

Although the judge did not order the AMA to pay damages, the district court did award the four chiropractors "reasonable attorney's fees," said George McAndrews, legal counsel for the chiropractors in *Wilk, et al vs. AMA, et al.* As of December 1987, when the trial ended, the chiropractors had spent $2.8 million in legal fees, McAndrews said. Adjusted for inflation since 1976, when the legal battle began, the fees now total $4.8 million, he said, adding, "We asked the court to treble that amount because AMA had obstructed discovery," bringing the total to $14.4 million. He said his clients also will ask to recover legal fees incurred during the appeal process from 1987 up through last month's Supreme Court decision to deny the writ.

With the bulk of the legal fight behind them, McAndrews said chiropractors must "break down the barriers of mistrust created by the boycott and [physicians'] lack of knowledge [about chiropractic]." Chiropractors "can't rest just because their rights have been declared," he said, adding that chiropractors must fight an uphill battle. "Any group that has been denied its rights must continue to fight." He added that, "Friends inside the establishment are beginning to appear," and that MDs "will be the ones who insist that [the barriers] break down." Increasing numbers of hospitals, he said, are putting chiropractors on staff.

Chester A. Wilk, one of the chiropractors who brought the suit, said he is not convinced physicians are aware they are free to associate with chiropractors. "I would suggest the AMA look ahead and start doing something for the welfare of the public," he said. "Until we can start working together, we will have a second-rate health care system. They're good, we're good, we're all good. We have to start working together; then the suit will have served its purpose."

Naprapaths' suit to be appealed

Meanwhile, U.S. District Court Judge Charles P. Kocoras denied a motion to reconsider his earlier ruling dismissing a case against the Illinois Department of Professional Regulation claiming the state illegally denies naprapaths the right to practice. The naprapaths represented in the suit are appealing the judge's decision, and the case will be heard in the Seventh Circuit Court of Appeals.

The plaintiffs in *Maguire, et al vs. Thompson, et al* allege that they were not represented in an earlier lawsuit, *Potts vs. Illinois Department of Professional Regulation*, in which the court found that under the broad wording of the Illinois Medical Practice Act naprapaths could receive limited licenses to practice. Following the court's decision, however, the Illinois legislature amended the Medical Practice Act to limit the practice of naprapathy to physicians, osteopaths and chiropractors. Now, naprapaths must receive additional training in chiropractic, for example, in order to receive a license to practice.

Jennifer Keller, assistant attorney general handling the state's defense for the appeal, said she is not surprised by the naprapaths' decision to appeal. "I'm never surprised by appeals," she said. "Cases of this magnitude always go forward because of the people involved who feel strongly about their case." ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/1SMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	$ 7.00	$17.00	$25.00	$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Large south side practice is looking for energetic physicians to join a stable practice of twelve years. Looking for (1) family practitioner, (2) general practitioner, (3) pediatrician. Please respond in confidence to: P.O. Box 578, Chicago, IL 60617.

Medical surgical center seeking physicians to work part-time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 108, Des Plaines, IL 60016, or call 708/390-9300 or 708/390-0300.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin, 45-physician, multispecialty group is seeking an internist, a general (vascular) surgeon, a plastic surgeon, a rheumatologist, a pulmonologist, an OB/gyn, and an ophthalmologist. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Parkway, Beloit, WI 53511, or call 608/364-2200.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Otolaryngology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

BC/BE radiologist wanted for locum tenens position in clinic/hospital setting. Opportunity to become associate. Paid malpractice. Call or send CV to David Whippo, M.D., 101 W. University Ave., Champaign, IL 61820; 217/351-1285.

Obstetricians/gynecologists—Illinois. Board certified or board eligible obstetricians and gynecologists wanted to join a 210 physician, multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801, or call collect at 217/337-3417.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Dermatology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Pediatrics—Brainerd, MN: Join 2 pediatricians in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Internal medicine—Brainerd, MN: Join 7 internists in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Cardiology: 70-doctor multispecialty group seeking third cardiologist to associate in excellent growing consultative practice, combining both invasive and non-invasive opportunities. Well equipped offices within a well staffed, modern hospital minutes from clinic; "state of the art" catheterization laboratory with digital angiography and full non-invasive cardiac lab. New ICU and CCU being built. Drawing area 400,000. Stimulating midwest Big 10 university community of 100,000 with cultural advantages. Ideal for family. Medical school teaching affiliation. Excellent initial guarantee and fringes with early associateship and subsequent income based exclusively on productivity. Send CV to Ronald H. Deering, M.D., 101 W. University, Champaign, IL 61820.

Cardiology. Be a part of a thriving invasive cardiology group practice located in southern Indiana. Affiliated with a 590-bed regional referral center. Competitive salary plus malpractice insurance and other physician perks. Send CV to Don Hoit, 11222 Tesson Ferry Rd., Suite 203, St. Louis, MO 63123 or call 1-800-336-3963.

Pediatricians—Illinois. Board certified or board eligible pediatricians needed to join 210 physician multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801; or call collect at 217/337-3417.

Internal medicine and family practice physicians BC/BE. Exceptional opportunity to join our well established, very busy multispecialty clinic located in Milwaukee. Attractive and well equipped building including in-house laboratory, x-ray department, business department, etc. Excellent progressive hospitals, medical school, regional medical center. The greater Milwaukee area offers superb family environment, diverse cultural and recreational options. This is a unique, outstanding professional and personal opportunity! Please send CV or contact Jonathan Slomowitz, M.D., Mitchell Medical Center, 1672 S. 9th St., Milwaukee, WI 53204; 414/383-4700.

Internal medicine/family practice physician needed to join an established, busy multispecialty clinic in southern Wisconsin. Academic affiliation. Clinic is located near many recreational facilities and two large cities. Contact: David B. Gattuso, M.D., 608/884-3417.

Family practitioner—Unique opportunity for a board certified/eligible family practitioner needed for a southern Illinois family-oriented community. Established practice already in operation. Hospital offering an excellent package to defray start up expenses. Practitioner becomes part of the clinical services department of the hospital which includes a surgeon, urologist, family practitioner, and a general practitioner and pulmonary disease specialist. Contact E.A. Helfrich, Administrator, Union County Hospital District, 517 N. Main, Anna, IL 62906; 618/833-4511.

Ophthalmologists, anesthesiologist: BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. BC/BE anesthesiologist: full-time M-F. Daytime hours. No call. JCAHO certified state licensed surgicenter. Excellent financial opportunity. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Assistant medical director, urgent care center. Challenging opportunity available 1/1/91 for BC/BP family practice physician in established hospital satellite facility located in the SW Chicago suburbs. Malpractice insurance provided. Flexible scheduling, incentive compensation and individual benefit package. Please call or fax your curriculum vitae for immediate consideration to: Diane Temple, EMSCO Management Services, 907 N. Elm, Hinsdale, IL 60521; 708/654-0050, fax 708/654-2014.

Chicago: full-time emergency medicine positions available in your choice of academic emergency departments contracted with Emergency Medical Associates of Illinois. Full-time physicians BC/BE in emergency medicine or BC/BE in a related specialty (with extensive ED experience) will receive a potential faculty appointment, superb compensation and benefits package, malpractice insurance with no tail, employee or independent contractor status, and continuity of working in one facility or diverse experience in emergency departments with volumes of 10,000-50,000. Part-time positions also available. Please contact Mable Terry 312/947-4569. Send your resume attention: Emergency Medicine, 5200 S. Ellis Ave., Chicago, IL 60615.

General psychiatrist. A BC/BE general psychiatrist is needed to join a 210-provider, private multispecialty group practice associated with the University of Illinois, College of Medicine. Psychiatric division has a 20-member multidisciplinary team with five psychiatrists. Practice includes a combination of inpatient, out-patient and consultative services. Competitive salary, liberal fringe benefits and early partnership; malpractice coverage provided. Write including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, 602 W. University Ave., Urbana, IL 61801; call collect 217/337-3417 or you may fax your CV to 217/337-3163.

Family practice—hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to respond to growing community demand. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangsness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

Boundary Waters canoe area and beautiful Lake Superior. Family practice opportunities in northeast Minnesota, northwest Wisconsin, and upper Michigan. Offering spectacular natural beauty, abundant recreational activities (including canoeing, fishing, alpine skiing and cross-country skiing) and competitive packages. Small rural practice and larger multispecialty group practice opportunities are available. Contact Susan Sowieja, Northern Lakes Health Care Consortium, 1017 E. First St., Duluth, MN 55805; 218/726-5587.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatrics and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/525-5643.

Hematology – oncology. Be a part of a thriving group practice located in southern Indiana. Affiliated with a 590-bed regional referral center. Competitive salary plus malpractice insurance and other physician perks. Send CV to Don Hoit, 11222 Tesson Ferry Rd., Suite 203, St. Louis, MO 63123, or call 1-800-336-3963.

Michigan City, IN—seeking full-time and part-time emergency physicians for 99-bed, low volume hospital emergency department within hours drive of Chicago. Excellent compensation, paid malpractice and full benefit package to full-time staff. Opportunity for advancement. Contact Emergency Consultants, Inc., 2240 S. Airport Rd., Room 20, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Internal medicine—Wisconsin Rapids; 11-physician group (all certified) adding fifth general internist; growing practice; modern hospital—8 bed ICU—excellent diagnostic services; competitive income, benefits; 40,000 metro population on Wisconsin River-central Wisconsin; quality family environment. Contact: Phil Kelbe, 1110 N. Third St., Suite 356, Milwaukee, WI 53203; 414/347-7841.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Central Illinois—Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland OH 44143-2202; 1-800-245-2662.

General psychiatrist for progressive mental health center in central Illinois. Attractive remuneration. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Southwest Illinois—Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

General practitioner for short-term full-time work in progressive southwest Illinois facility. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202;1-800-245-2662.

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Chicago, IL—Emsco Management Services currently staffs eight emergency departments and four ambulatory care facilities within the metropolitan Chicago area. If you would like to become a member of a group committed to excellence, please call or send your CV for immediate consideration to: Diane Temple, 907 N. Elm St., Suite 301, Hinsdale, IL 60521, 708/654-0050.

Joliet area.Thriving family practitioner looking for partner. Terms negotiable. Call 815/722-2525.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Practice wanted. Internist in DuPage County interested in acquiring a general medicine practice with good patient base in Downers Grove, Glen Ellyn, Hinsdale, Lisle, Lombard, Oak Brook Terrace, Villa Park or Wheaton. Write in confidence to Box 2186, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

Family practice. Net $150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Active established primary care practice. Completely equipped, staffed and computerized. Excellent patient base. Will introduce. Chicago location. Call 312/346-3364.

Medical suite for rent: in high traffic, stable working community in Chicago area. Excellent demographics. Large modern suite with accessible parking. 312/238-6686.

Otolaryngology practice for sale. Solo practitioner retiring. Over 30 years in practice. Growing community 40 miles west of Chicago. Contact Mr. Hoffman, 708/696-0220 for details.

Joliet area. Professional office space available. Ideal for medical/dental office. Call 815/722-2525.

For sale. Two examination tables, EK-8 EKG machine and many small items. Call 812/299-8811.

***Clinical Obstetrics & Gynecology*. 25 years com**plete. March 1958 to December 1982. $2,500.00 or best offer. Vernon Dennis, 5408 N. Bernard, Chicago, IL 60625. 312/588-4455.

For sale: three years old, modern, fast-growing primary care practice in Chicago west suburbs. Suitable for family practice or pediatrics. Reply to Box 2184, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Medical equipment for sale. New and used exam tables, EKG machines, ultrasound (OB-GYN-cardiac), stress testing, monitoring, electrosurgical, spirometry, doppler, culposcopes, holter, ambulatory blood pressure and laboratory. Please call Robert Shapiro at 312/588-8111.

Family practice. Sun belt, university town. Walk-in clinic, no weekends or calls. Well-trained personnel. New 200-bed hospital. Gross 300,000. Terms financing negotiable. 36-hour week. Beautiful home available. Call collect 612/474-6487.

Office equipment for sale: IBM personal system/2 model 70; internal tape backup unit; (2) IBM 3551 terminals; IBM Proprinter 2; patient management system plus Lyrix word processing software; (1) U.S. Robotics 2400 baud modem; (1) Panasonic Electronic KX-T61610 phone system with (5) phones; (1) Dictaphone system model 3922. Inquiries please phone 815/344-5120 or write for more information to Suite 418, 2066 N. Richmond Rd., McHenry, IL 60050.

Practice for sale. 40-year established general practice. N.W. side in Chicago. Large active patient count. Grossing over $200,000. 1,200 square feet of easy working space in one level atrium building with attractive lease. Four plumbed exam rooms, large MD office, fully equipped lab, large business office, 12-seat waiting room. Currently, 22 hours of office hours per week. Turnkey for right MD or small group. Contact H. Volk at 708/386-3951 or write P.O. Box 3753, Oak Park, IL 60303 for further information.

Fully furnished medical suites. Available for lease or sublease in newly decorated building. Skokie/border Lincolnwood. Five exam rooms. Call 708/675-6700.

May 1st, 1991. Sub-let 950 feet, furnished medical office: three examining rooms, bathroom, lab or consulting area or business office, and reception room. Excellent demographics—large parking area. 708/866-8677 (Evanston location).

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Custom computer graphic slides. For your next lecture, let us design your slides. As specialists in the medical photography field, we are experts in design, color, details, and backgrounds. Pick up and delivery available. Unbeatable prices. For information and sample slides call Phil, 312/508-0811.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Why does JACKSON & COKER *recruit more physicians each year than any other company?*

- ❑ Largest pool of available physicians in the nation
- ❑ Network of 7 regional offices nationwide
- ❑ Expertise that produces unparalleled results in recruiting quality physicians
- ❑ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST.LOUIS
PHILADELPHIA

JACKSON AND COKER

ILLINOIS STATE
MEDICAL
INTER-INSURANCE
EXCHANGE

RISK MANAGEMENT

MANAGING RISK IS AN ESSENTIAL FOR PHYSICIANS IN TODAY'S MEDICAL-LEGAL CLIMATE.

Exchange physicians and staff show policyholders practical ways to reduce risk and prevent lawsuits–ranging from educational materials to counseling of individual physicians.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians
SINCE 1976

NATIONAL LIBRARY
DEC 28 1990
OF MEDICINE

ILLINOIS STATE
MEDICAL
INTER-
INSURANCE
EXCHANGE

75986
82

1990 Annual Report

WI 1171L
1990
C.01--------SER: 3703663051
TI: ILLINOIS MEDICINE

A Renewed Commitment to Leadership

ILLINOIS STATE MEDICAL SOCIETY

MAR 27 1991
OF MEDICINE

SUPPLEMENT TO ILLINOIS MEDICINE



James H. Andersen, M.D.
President



George T. Wilkins, Jr., M.D.
Chairman of the Board

Dear Colleague:

The Illinois State Medical Society celebrated its 150th anniversary in 1990 and that occasion provided us an opportunity to take a close look at our organization — where we've been in our century and a half, how far we've come, where we want to go. As we reviewed our history we acknowledged our debt to our professional forebears and celebrated our accomplishments.

But even more important than the chance to reflect and celebrate was the opportunity for every person affiliated with the Society — members, auxiliary and staff — to renew our commitment to our patients and to our professionalism. This report reflects that commitment, documenting the accomplishments of our councils and committees during the past year.

ISMS shares its history with the American Medical Association as a component. In 1990 Illinois displayed its leadership within the national framework of organized medicine, playing a key role in bringing fiscal responsibility and accountability to the forefront of the AMA's agenda. As an affiliate of the AMA, we have maintained our position as a loyal critic within the structure of united membership. The AMA is our organization. Its problems are our problems and the solutions to those problems must spring from our efforts. In the years ahead, Illinois will help reach that goal through its strong representation in AMA leadership. In 1990 John "Jack" Ring, M.D., was elected AMA president-elect and P. John Seward, M.D., was elected trustee. We look forward to their leadership and their contributions.

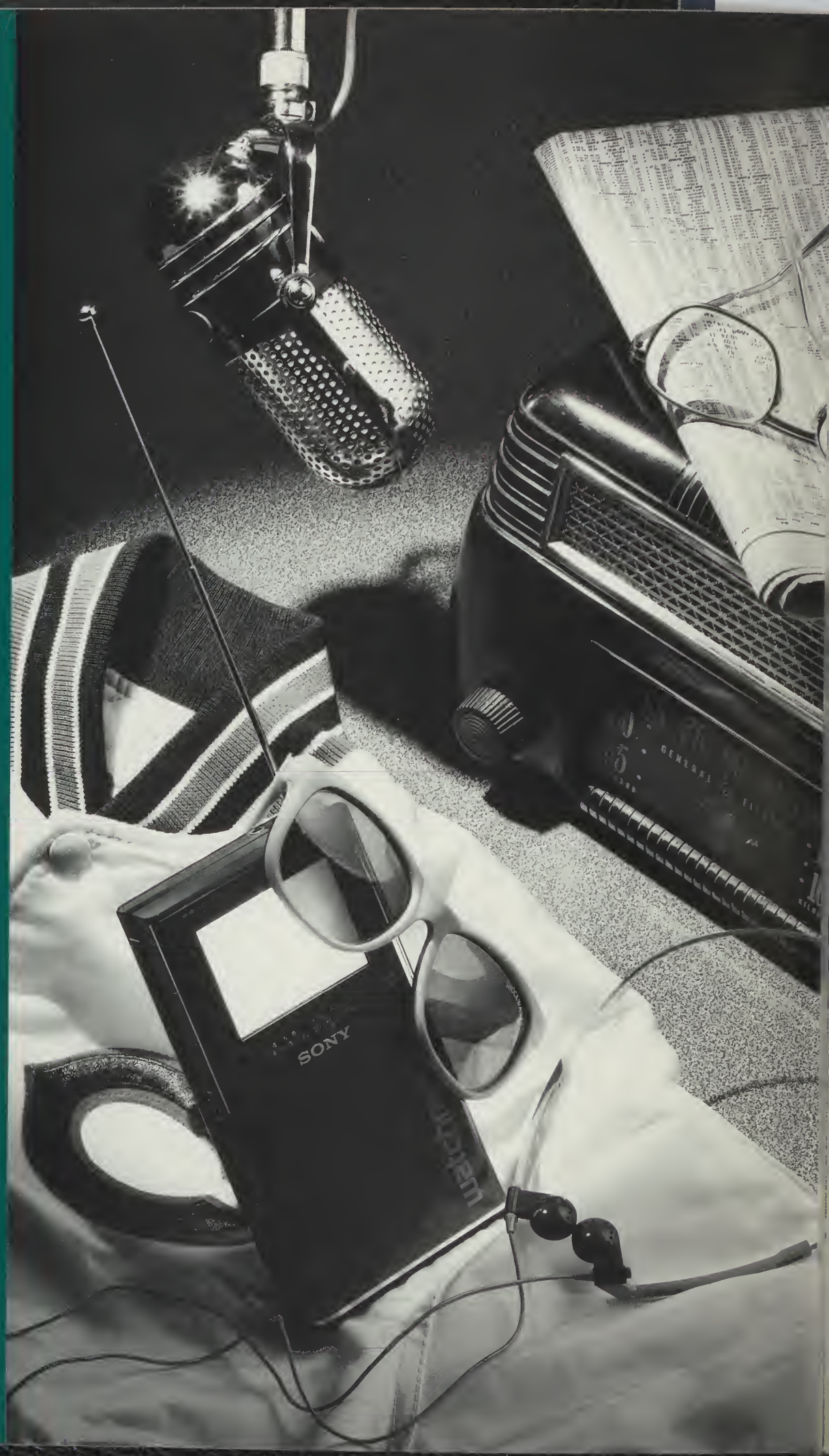
Finally, in 1990 the Society renewed its long-standing commitment to addressing the critical problem of access to health care in Illinois. Whether through our legislative efforts, our participation in the Cook County Health Care Summit or through our committee structure, by addressing each factor that contributes to lack of access we are working to resolve the problem.

As you review this 1990 annual report, you will readily see the excellence, determination and leadership the Society's volunteer groups have shown. We invite you to join us in confirming in the years ahead a renewed commitment to leadership.

James H. Andersen, M.D. George T. Wilkins Jr.

"We must show that organized medicine represents the public's best interests, that we want to work as partners with our patients. The key is public education."

LLOYD E. THOMPSON, M.D.



A Commitment to **Public Education**

Reaching Out to Adolescents and Seniors

PUBLIC RELATIONS AND MEMBERSHIP SERVICES

In 1990, the 150th year of the Illinois State Medical Society, it would have been difficult to find a single activity more closely representative of the sesquicentennial spirit than the Society's public education programs. With our emphasis on health services for two key groups — adolescents and seniors — we acknowledged not only the value of our past achievements but the bright promise of the future.

Since 1987, the Society's "AIDS and Adolescents" education program has sent more than 300 Illinois physicians statewide into junior high and high schools to educate and inform teenagers, parents and teachers about the transmission and prevention of AIDS. In 1990 special emphasis was placed on recruiting and training Hispanic physicians for the program.

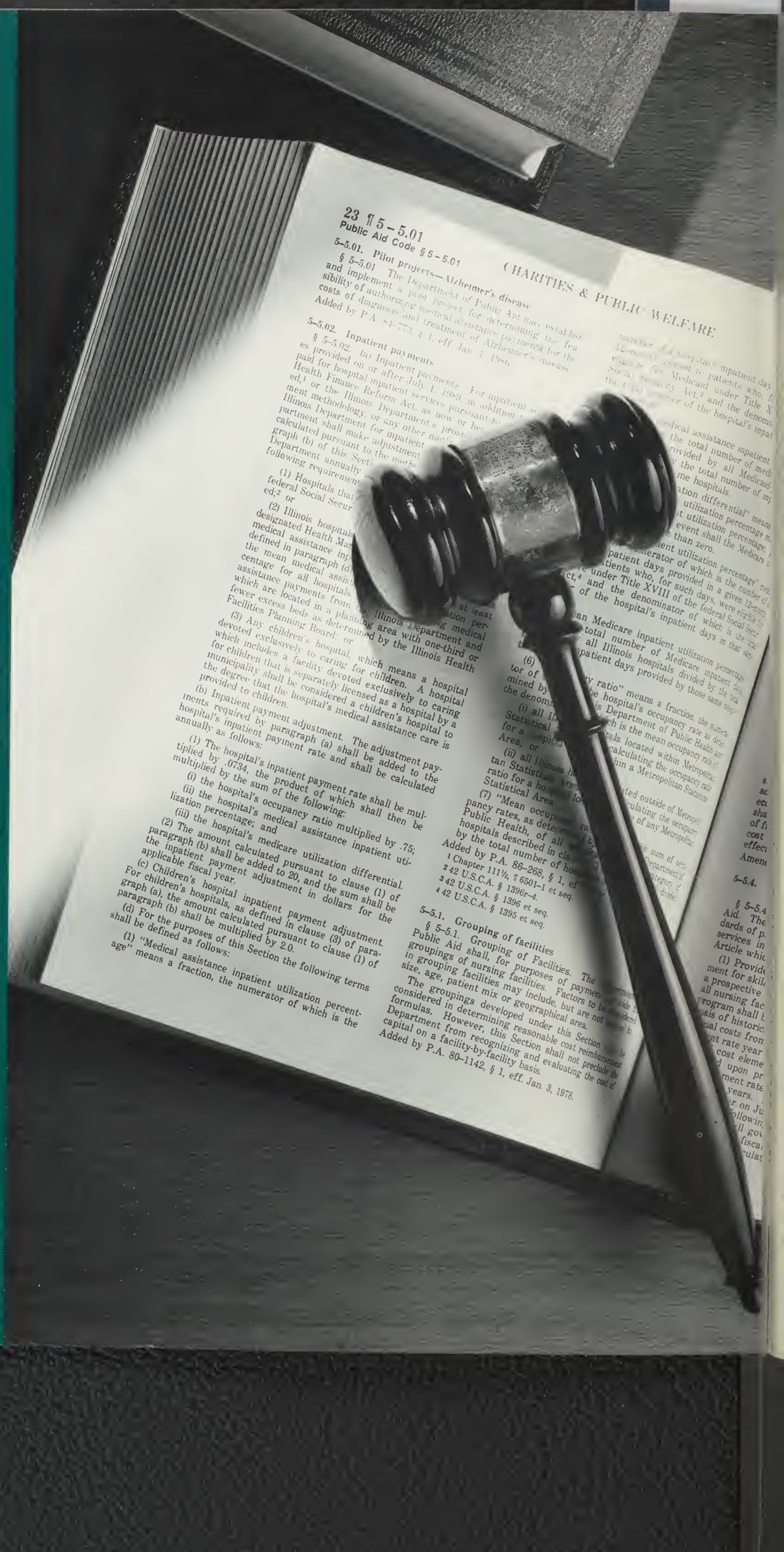
1990 saw the debut of the Society's "Partners for Health" program, designed to improve communication between physicians and older patients. Physician speakers were matched with senior citizen facilities to provide educational presentations. The Society's commitment to senior health was further strengthened by a series of radio and television public service announcements featuring Illinois senior celebrities such as Governor James Thompson and his father.



Lloyd E. Thompson, M.D.
Chairman, Council on Public Relations and Membership Services

"Factors like the economic impact of Medicare, the policies for indigent care and PROs have so complicated professional issues that physicians must take part in government affairs. Policy decisions affecting the delivery of care require physician participation."

TERRY MASON, M.D.



A Commitment to **Advocacy in the State Capitol**

GOVERNMENTAL AFFAIRS

Shaping Health Care Legislation

Under the leadership of ISMS, successful advocacy efforts resulted in the passage of two important bills. One grants civil immunity to physicians who volunteer their time to provide patient care in community-based, free medical clinics. The other guarantees immunity from liability to physicians who notify spouses of their partner's positive HIV test results. ISMS also worked toward a successful amendment of the state Clinical Laboratory Act that eliminates the time-consuming application requirements for medical practices that perform minor in-office lab tests.

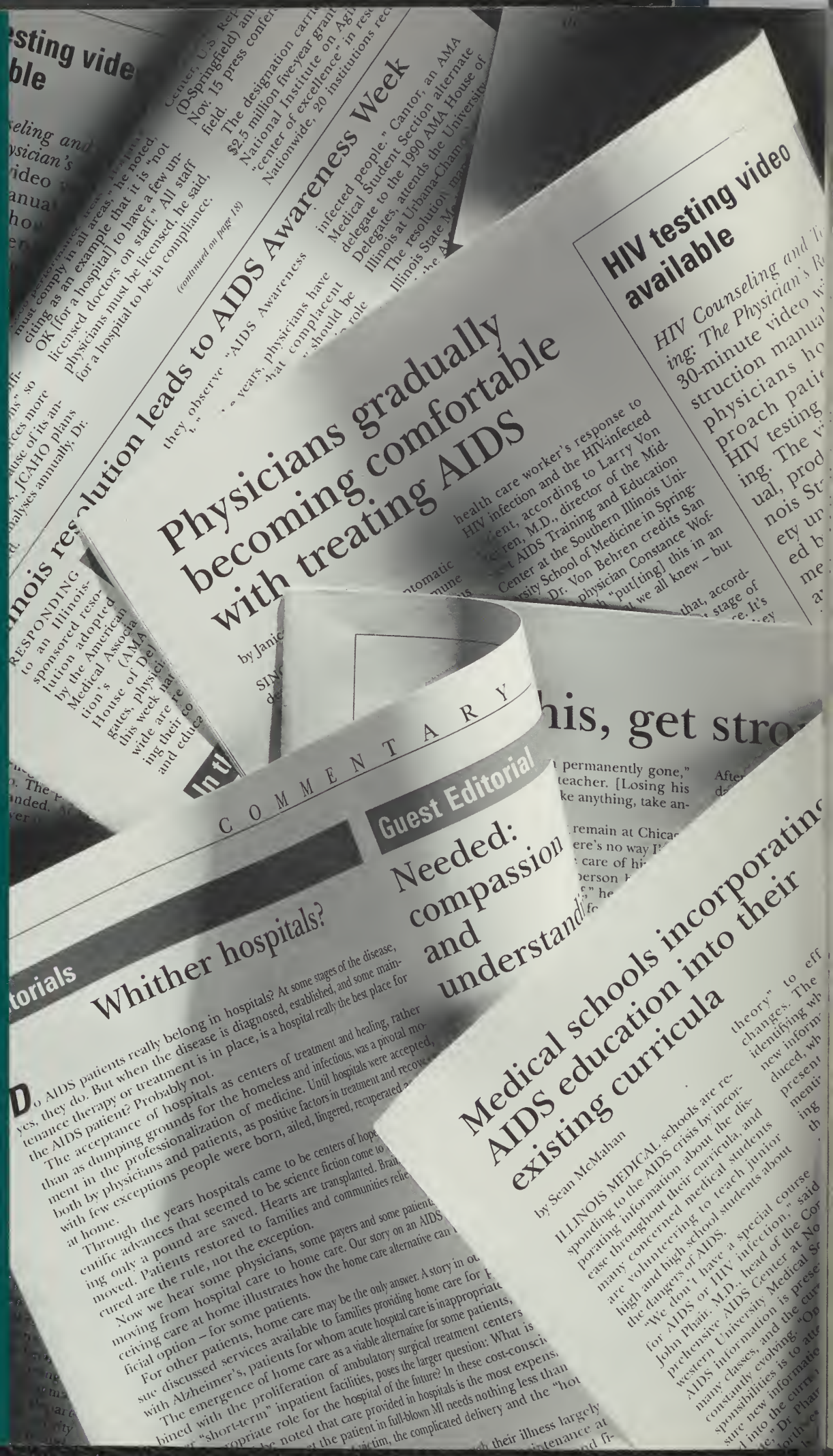
ISMS also worked vigorously to oppose mandatory Medicare assignment as a requirement for licensure. A universal health care proposal, based on a Canadian-style system, was another bill that ISMS fought against because it would be neither less costly nor better quality than our current system.



Terry Mason, M.D.
Chairman, Governmental Affairs Council

"By creating an open forum with the Illinois Department of Public Health, we address issues from the physician's perspective. This effort shows up in public policy and in better health care for patients."

JAMES L. McGEE, M.D.



MEDICAL SERVICES

A Commitment to **Health and Healing**

Helping Physicians Help Their Patients

Important health care issues face the Society's Council on Medical Services — professional health education, medical facilities, public health, laboratory services and services for the medically indigent. In 1990, Acquired Immune Deficiency Syndrome (AIDS) continued to demand priority attention as one of the most serious health threats our nation has ever faced.

In 1990 the Society produced and distributed an instructional videotape, *HIV Counseling and Testing: The Physician's Role,* to teach physicians how to approach and counsel patients about HIV testing. The Society also demonstrated leadership in the battle against AIDS in a more visible public awareness effort — the first national AIDS Awareness Week in December, 1990. ISMS initiated this special observance through a resolution to the American Medical Association House of Delegates.

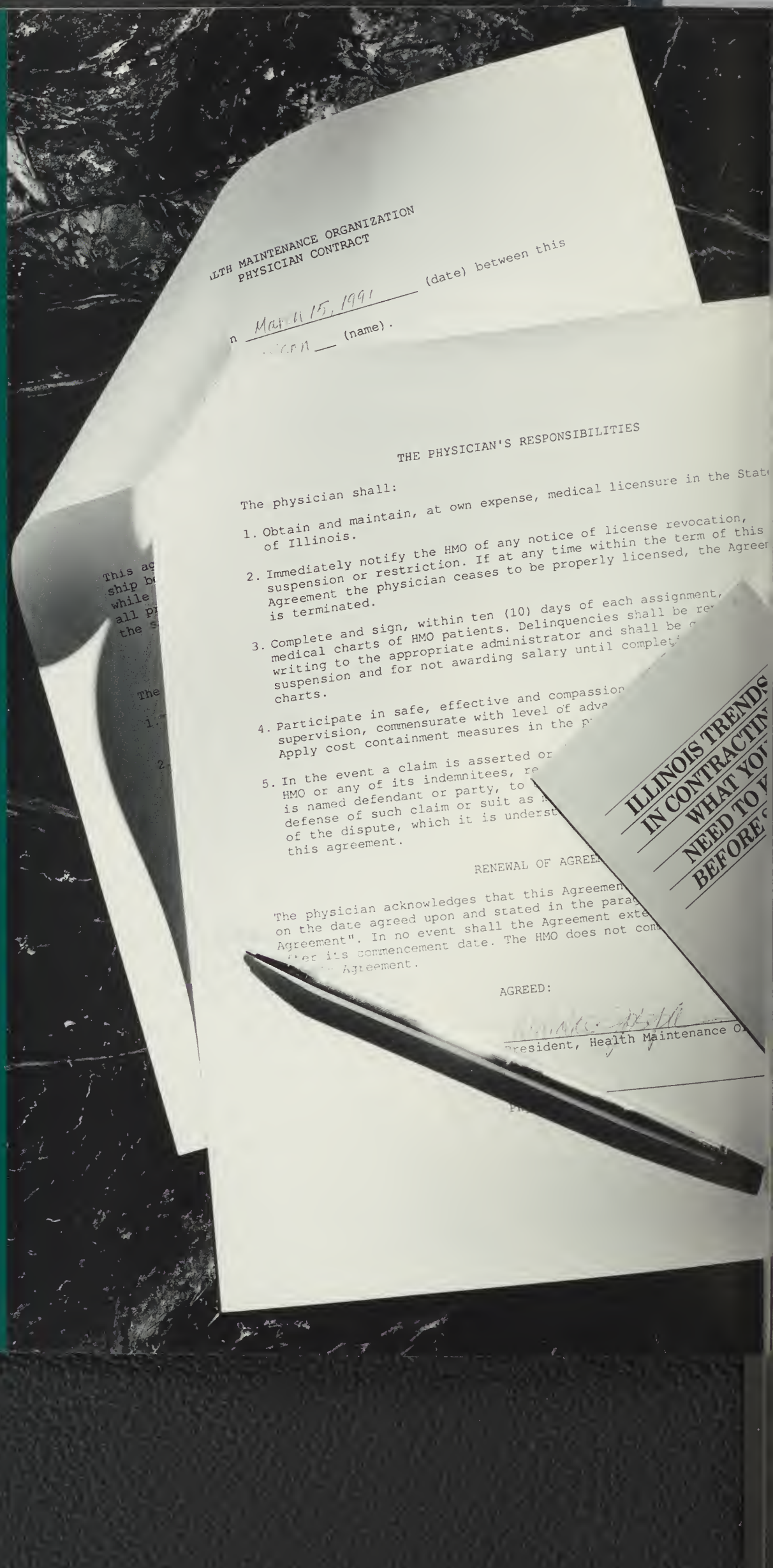
ISMS makes important contributions to public health in other ways, as well. Society members deliberated with the Governor's Medical Waste Task Force and helped shape health care policy, reviewing and commenting on hospital licensing and regulations affecting ambulatory surgical treatment centers and clinical laboratories.



James L. McGee, M.D.
Chairman, Council on Medical Services

"Our major challenge is to recommend ways to contain health care costs while maintaining quality of care. This requires close monitoring of the demands of regulators to preserve a positive physician-patient relationship."

JOHN F. SCHNEIDER, M.D.



A Commitment to **Medicine's Changing Environment**

COUNCIL ON ECONOMICS

Influencing the Evolving Face of Medical Practice

In health care cost, utilization and the relationship of physicians with third party payers, the Society's Council on Economics significantly influences the changing face of medical practice in Illinois.

In 1990 ISMS developed and circulated to county medical societies a listing of all Illinois HMOs and PPOs, with pertinent information about these entities. The listing is also available to members. The Society moved this year to help members better understand the issues related to entering into a contractual relationship with HMOs, PPOs and IPAs. Through its manual *Before You Sign: A Physician's Guide to Provider Contracts,* ISMS assists physicians in making more informed decisions about entering into such relationships. The manual is available upon request to members.

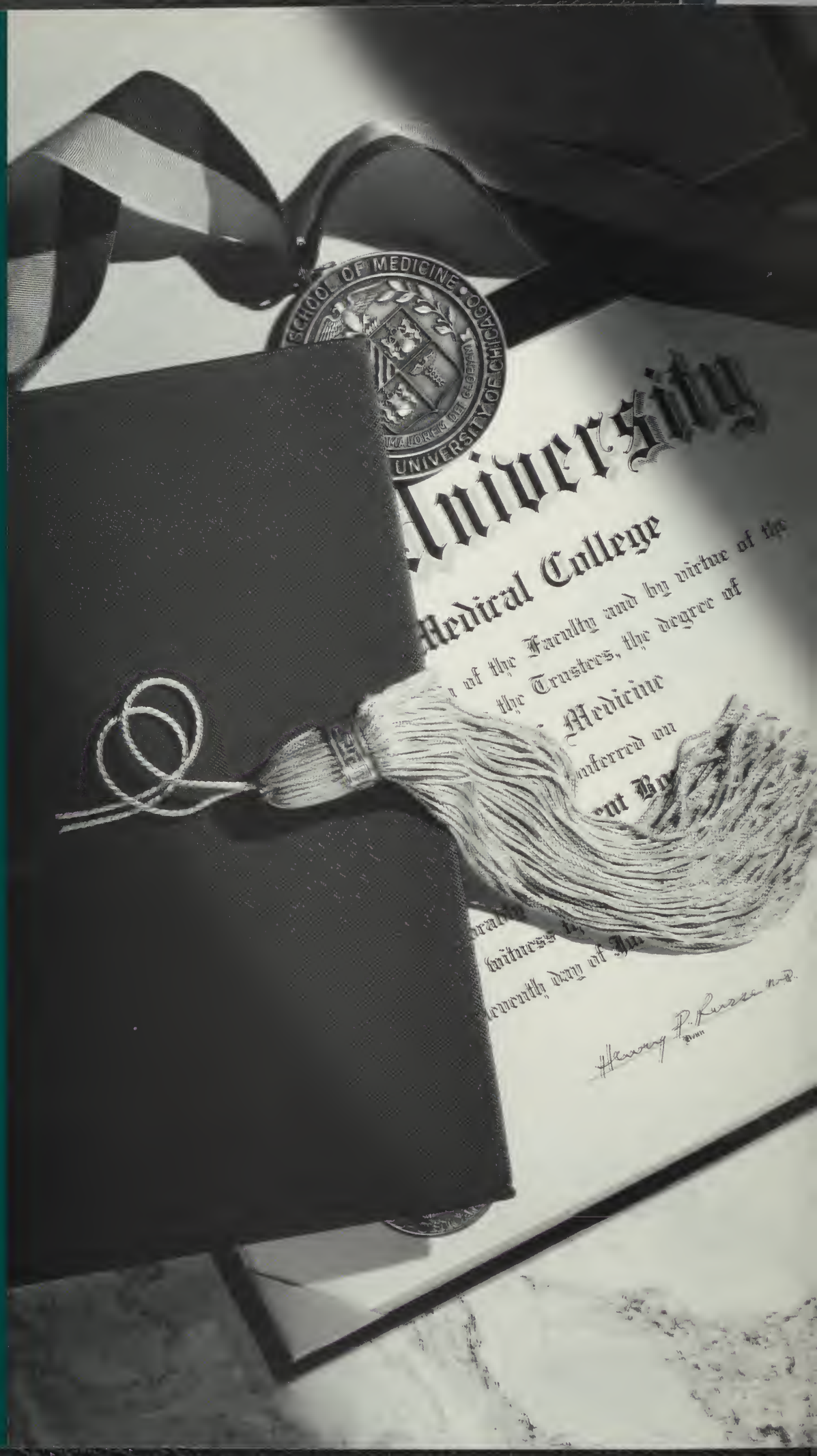
Through the Council, ISMS represents member interest in utilization review policy, commenting on PRO initiatives and, where appropriate, advocating change. Active resistance to the "hassle factor" resulted in the development of proposals to regulate review process operations in the state. The Society also convinced HCFA to eliminate the initiation of a formal sanction process unless a pattern of serious quality problems exists.



John F. Schneider, M.D.
Chairman, Council on Economics

"As a professional membership society, we must ensure that there is a dialogue – an exchange of information – among the appropriate groups when policy decisions are made that affect professional regulations, physician education and placement."

DONALD F. POCHYLY, M.D.



A Commitment to **Quality Medical Education**

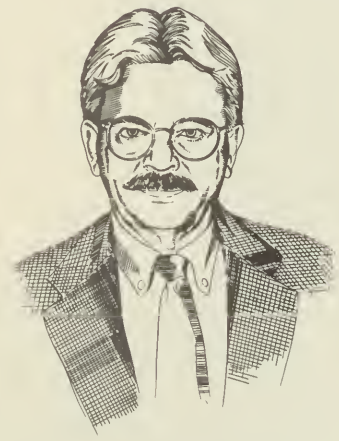
EDUCATION AND MANPOWER

Improving Quality of Care Through Education

Believing that the quality of medical care is directly related to the quality of medical education physicians receive, ISMS commits considerable resources to improving academic and professional development medical programs in Illinois.

By maintaining close communication with medical schools and residency program directors, the Society can provide the viewpoints of practicing physicians to improve the quality and content of medical education in the state. In 1990, ISMS conducted a study of the issue of focused or individualized continuing medical education and convened a conference of experts to explore ways to address this need. The Society also actively solicits participation by medical students and residents in its volunteer activities and in planning the future of Illinois medicine and medical education.

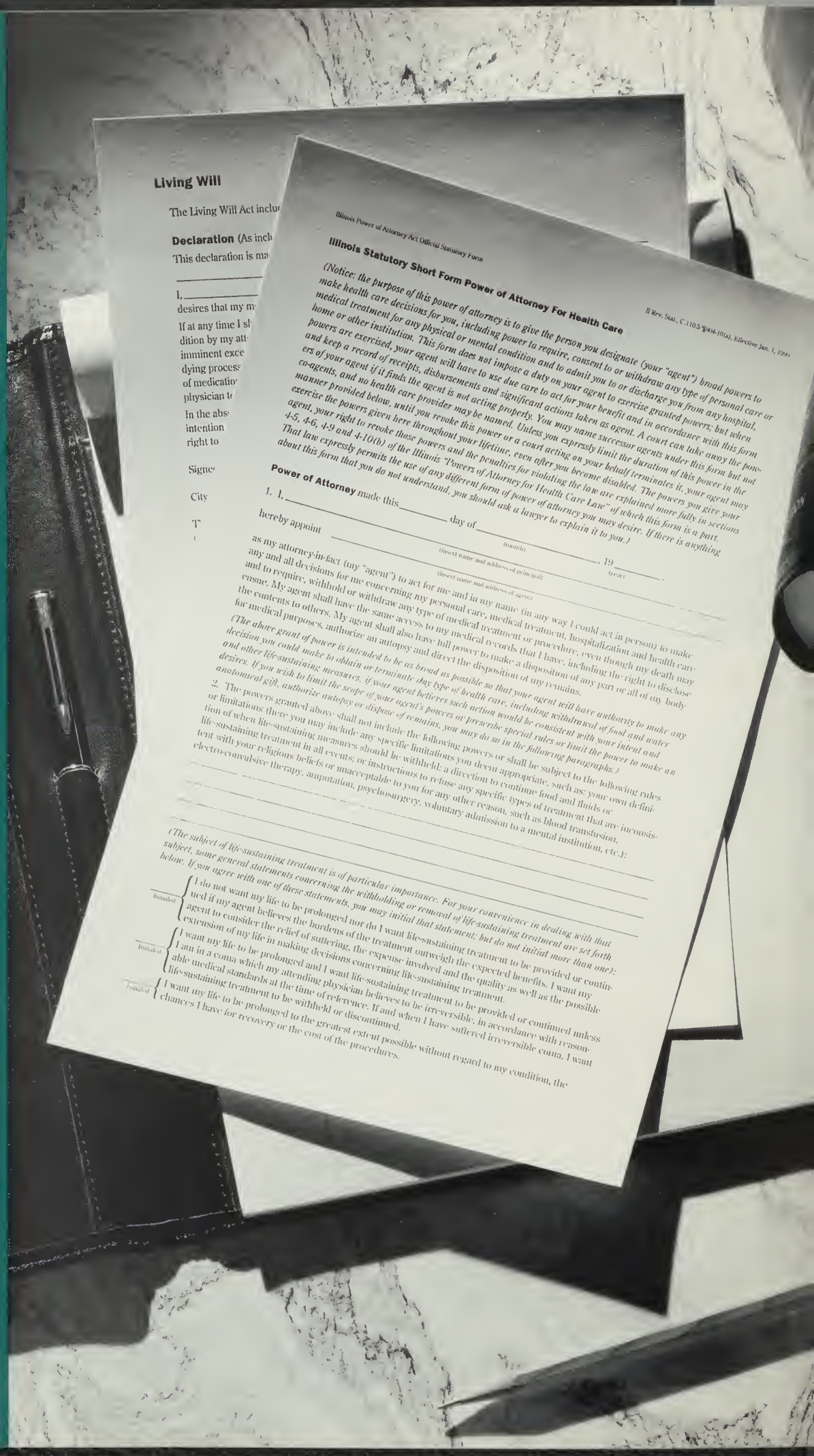
The Society's liaison activities with the Illinois Department of Professional Regulation on licensure and disciplinary issues attempts to ensure patient protection and fairness to physicians. This year the Society was complimented on medicine's self-policing efforts and its cooperation with the state.



Donald F. Pochyly, M.D.
Chairman, Council on Education and Manpower

"It's very important to us that the laws regarding surrogate decision making are responsive to patient needs. And they must also provide for input from all appropriate areas, including, of course, the patient's physician."

CLAIR L. CALLAN, M.D.



A Commitment to **Professionalism**

MEDICAL
LEGAL COUNCIL

Confronting Ethical Issues

One of the most emotional and controversial issues facing medicine in 1990 centered around the roles of the patient and the physician in determining the extent of care provided to the hopelessly ill or injured. The long-awaited Cruzan decision from the U.S. Supreme Court and the Greenspan decision by the Chicago Circuit Court intensified professional and public attention on this topic.

To help its members — and, through them, the public — understand and deal with these issues, the Society developed printed materials for physicians to use in discussing living wills and the durable power of attorney for health care. The Society also continued to monitor the ethical parameters of physician participation in withdrawing life support from terminally ill or permanently vegetative patients.

The Medical Legal Council concerns itself with legal developments on all fronts that may affect the practice of medicine. In 1990, the Society also explored the need for controlled substance licensure and monitored and informed members on the implementation of the National Practitioner Data Bank.



Clair L. Callan, M.D.
Chair, Medical Legal Council

"At times, this is like shoveling sand against the tide. At other times, we have been able to successfully introduce reason into the payment process."

ALFRED J. KIESSEL M.D.



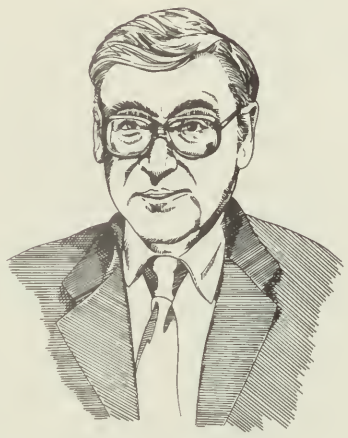
A Commitment to **Preserving an Independent Medical Profession**

THIRD PARTY PAYMENT PROCESSES

Moderating Government Influence

During 1990, the Third Party Payment Processes (TPPP) Committee worked with various intermediaries to provide input, and, where appropriate, to modify programs initiated by those intermediaries and governmental regulations.

ISMS worked with the Illinois Department of Public Aid in developing rational access to quality prenatal care for IDPA recipients, and the Society, through the TPPP Committee, closely analyzed and monitored 1990 OBRA legislation as it affects Medicare. ISMS has provided Congress, the administration and the AMA with information, specific objectives and suggestions to avoid unreasonable disruptions in patient care.



Alfred J. Kiessel, M.D.
Chairman, Committee on Third Party Payment Processes

"The road to tort reform is clearly through the legislature; the political process is paramount. Through IMPAC, every member can lend weight to the effort."

HAROLD L. JENSEN, M.D.



A Commitment to **Political Action**

Participating in Election Activity



The year 1990 was a watershed year for the Illinois State Medical Society and its political action committee, IMPAC. For the first time, IMPAC publicly endorsed a candidate for the state's highest office. The Society's extensive efforts to assure the election of former Secretary of State Jim Edgar to the office of governor will strongly affect our political activities for years to come. The Society extends a fond farewell to retiring Governor James R. Thompson and expresses great hope and confidence in Governor Edgar's leadership.

Physicians and their spouses were active in campaigns for the Supreme Court, legislative and congressional races throughout Illinois. *Illinois Medicine* provided campaign and election coverage and encouraged the participation of members in the campaign process through its editorial pages.

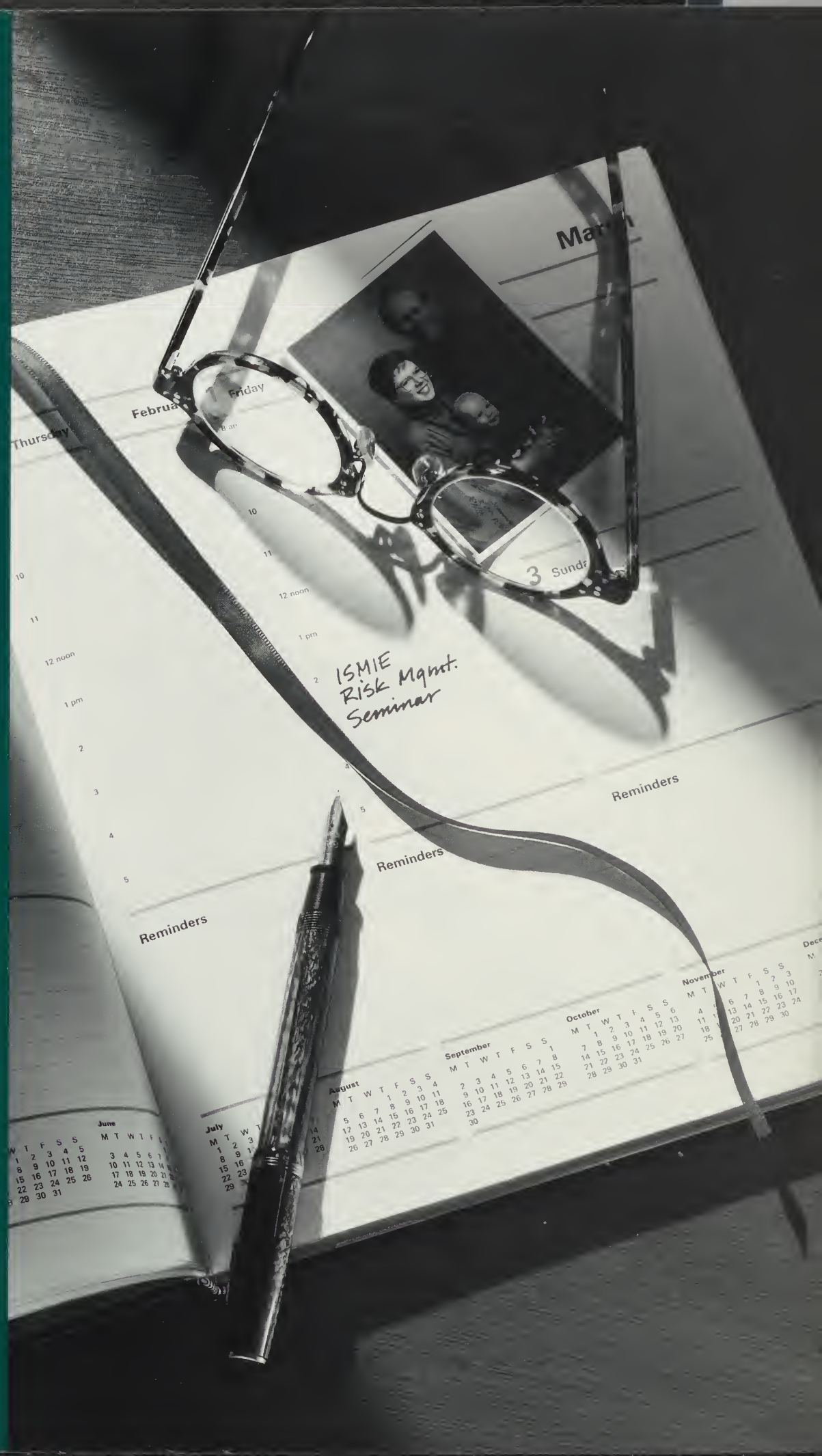
ISMS continues to provide members with information on who their elected officials are, and how to contact them. Any member can call 1-800-782-ISMS and request this information.



Harold L. Jensen, M.D.
Chairman, Illinois State Medical Society Political Action Committee

"What sets ISMIE apart from other companies is its durability, dependability and the experience gained from serving Illinois physicians for 15 years. Practicing physicians, dedicated insurance professionals and defense attorneys team up to provide the best malpractice insurance program possible."

FRED Z. WHITE, M.D.
ROBERT C. HAMILTON, M.D.



A Commitment to **Professional Liability Protection**

Improving the Most Highly Rated Member Benefit

MEDICAL MALPRACTICE INSURANCE

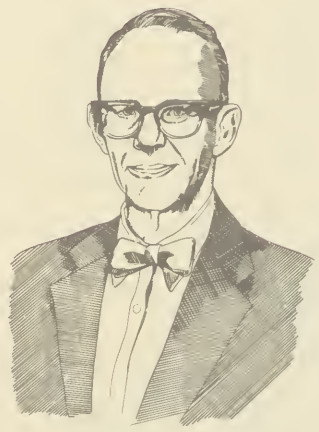
Physician-owned and operated, the Illinois State Medical Inter-Insurance Exchange has become the seventh largest provider of medical malpractice insurance in the United States. Results of a 1990 ISMS-wide survey reflected a steady trend in membership opinion since the Exchange was founded 15 years ago: Members overwhelmingly rate the professional liability insurance program as the premier benefit the Society offers.

In 1990, the Exchange paid six million dollars in dividends to 8,000 policyholders, at the same time holding the line on premium increases. The Exchange also expanded its policy offerings, introduced prior acts coverage and improved service by establishing a new policyholder relations department.

Recognizing that prevention is as critical in professional liability as in maintaining good health, the Exchange developed and introduced in 1990 a very successful office staff risk management seminar. This year alone nearly 2,000 physicians and office staff members participated in this important educational program.



Fred Z. White, M.D.
Chairman, ISMIE Board of Governors



Robert C. Hamilton, M.D.
Chairman, ISMIS Board of Directors

A Commitment to **Mental Health**

Protecting Patients' Rights

MENTAL HEALTH AND ADDICTION

In 1990 issues relating to mental health and addiction were matters of increasing concern not only to the profession but to society at large. The Council on Mental Health and Addiction cooperates with institutions and agencies concerned with mental health, alcoholism and drug abuse, and reviews and comments on legislation and regulation affecting these issues.

Last year, the Society also worked closely with the Governor's Commission to revise the state Mental Health Code. Of primary concern to the Society was the need to clarify patients' rights and to protect patient confidentiality. ISMS also worked with the Department of Alcoholism and Substance Abuse to ensure appropriate application of the triplicate prescription program.



P. S. Sarma, M.D.
Chairman, Council on Mental Health and Addiction

A Commitment to **Access to Care**

Working for Access in Illinois

HEALTH CARE ACCESS

Responding in 1990 to the lack of access to health care felt by many Illinois citizens, the Society established a new committee to evaluate health care needs in shortage areas. The committee was expanded to address issues throughout Illinois.



George T. Mitchell, M.D.
Chairman, Committee on Health Care Access

A Commitment to **Our Colleagues**

Helping Physicians in Trouble

PHYSICIAN ASSISTANCE

Organized medicine has long accepted responsibility for supporting and assisting physicians who suffer from chemical dependency, psychiatric disorders, or problems related to aging. The Physician Assistance Committee works closely with the Physician Assistance Program, an activity funded by the Illinois State Medical Inter-Insurance Exchange, to provide case management service to recovering physicians. In 1990, the Society sponsored two intervention workshops to train volunteers in helping physicians acknowledge their problems and begin the process of obtaining treatment.



James C. Leonard, M.D.
Chairman, Physician Assistance Committee

A Commitment to **Continuing Medical Education**

Working Towards High Quality CME

CME ACCREDITATION

The Accreditation Council on Continuing Medical Education has authorized ISMS to accredit continuing medical education sponsors in the state of Illinois. The Committee on CME accreditation oversees that process, insuring that site surveyors are trained to gather information and make recommendations on local CME sponsors. In 1990, these sponsors produced over 6,900 hours of Category 1 CME programming.



Dean R. Bordeaux, M.D.
Chairman, Committee on CME Accreditation

A Commitment to **Care for the Less Fortunate**

ISMS Provides Medical Input to State Regulatory Departments

DRUGS AND THERAPEUTICS

By means of periodic review of the the Illinois Department of Public Aid's Drug Manual and recommendations on drug coverage policies, the Society helps assure that public aid patients have access to quality medical treatment regardless of ability to pay.



Joseph B. Perez, M.D.
Chairman, Committee on Drugs and Therapeutics

A Commitment to **The Future**

Assisting Tomorrow's Doctors

STUDENT FINANCIAL AID

Financing a medical education is a burden few students and their families are able to shoulder without assistance. By raising and contributing funds to provide low-interest loans to medical students throughout the state, ISMS has demonstrated its commitment to helping medical students and residents with their financial obligations during the educational process.



Fred Z. White, M.D.
Chairman, Committee on Financial Aid to Medical Students

Officers and Trustees



Illinois State Medical Society

Twenty North Michigan Avenue
Suite Seven Hundred
Chicago, Illinois 60602
312/782-1654

George T. Wilkins, Jr., M.D.
Chairman of the Board

Alexander R. Lerner
Executive Vice President

Officers

James H. Andersen, M.D., President
141 Breakenridge Farm
Oak Brook 60521

Robert M. Reardon, M.D., President-Elect
1008 N. Main St.
Bloomington 61701

Ulrich F. Danckers, M.D., 1st Vice President
1040 Monroe Ave.
River Forest 60305

Eugene B. Loftin, M.D., 2nd Vice President
687 E. Chicago
Elgin 60120

Alfred J. Clementi, M.D., Secretary-Treasurer
675 W. Central Rd.
Arlington Heights 60005

House of Delegates

Joan E. Cummings, M.D., Speaker
Director (00), VA Hospital
Hines 60141

Raymond E. Hoffmann, M.D., Vice-Speaker
1030 Highview Ave.
Rockford 61107

Trustees

1st District: 1993
David B. Littman, M.D.
1034 Old Elm Rd.
Highland Park 60035

2nd District: 1992
Edward J. Fesco, M.D.
206 Marquette St.
LaSalle 61301

3rd District: 1993
H. Constance Bonbrest, M.D.
830 S. Ada St.
Chicago 60607

3rd District: 1992
Jere E. Freidheim, M.D.
Mercy Hospital & Medical Center
Stevenson & King Dr.
Chicago 60616

3rd District: 1992
Arvind K. Goyal, M.D.
550 E. Alexandra Ct.
Itasca 60143

3rd District: 1991
Harold L. Jensen, M.D.
Ingalls Memorial Hospital
Office of Medical Affairs
1 Ingalls Dr.
Harvey 60426

3rd District: 1991
William J. Marshall, M.D.
2601 W. Lincoln Hwy.
Olympia Fields 60461

3rd District: 1991
Adriano S. Olivar, M.D.
St. James Hospital
Department of Pathology
Chicago Rd. & Lincoln Hwy.
Chicago Heights 60411

3rd District: 1993
Alan M. Roman, M.D.
1632 Cambridge
Flossmoor 60422

3rd District: 1993
M. LeRoy Sprang, M.D.
2500 Ridge Rd.
Evanston 60201

3rd District: 1993
Warren H. Staley, M.D.
231 E. 75th St.
Chicago 60619

3rd District: 1993
Robert M. Vanecko, M.D.
6200 N. Kilpatrick Ave.
Chicago 60646

4th District: 1991
Lorris M. Bowers, M.D.
214 NE Glen Oak, Suite 600
Peoria 61603

5th District: 1992
Jane L. Jackman, M.D.
2317 Wiggins
Springfield 62704

6th District: 1993
George T. Wilkins, Jr., M.D.
27 Glen Echo Dr.
Edwardsville 62025

7th District: 1991
Alfred J. Kiessel, M.D.
1 Powers Lane Pl.
Decatur 62522

8th District: 1992
Arthur R. Traugott, M.D.
3207 Douglas Woods
Urbana 61801

9th District: 1993
Phillip D. Boren, M.D.
Doctor's Clinic
South Plum St.
Carmi 62821

10th District: 1993
Ronald G. Welch, M.D.
333 S. Illinois, Suite B
Belleville 62220

11th District: 1992
Raymond A. Dieter, Jr., M.D.
22 W. 240 Stanton Rd.
Glen Ellyn 60137

12th District: 1992
William E. Kobler, M.D.
5713 Strathmoor Dr., Suite 6
Rockford 61107

Trustee-At-Large: 1991
Eugene P. Johnson, M.D.
521 E. Main St.
Casey 62420

AMA Delegation Chairman, *Ex Officio*
Alfred J. Clementi, M.D.
675 W. Central Rd.
Arlington Heights 60005

ISMIE Board of Governors, Chairman, *Ex Officio*
Fred Z. White, M.D.
7150 N. Terra Vista Dr., #1307
Peoria 61614

ISMIS Board of Directors, Chairman, *Ex Officio*
Robert C. Hamilton, M.D.
c/o Illinois State Medical Society
Twenty North Michigan Avenue
Suite Seven Hundred
Chicago 60602

© Copyright 1991, Illinois State Medical Society

Concept and Design: Hafeman Design Group/Max Russell & Associates/Chicago Photography: Art Wise Studio/Chicago

Printed in U.S.A.

Illinois State Medical Society
Twenty North Michigan Avenue
Suite Seven Hundred
Chicago, Illinois 60602
312-782-1654